

# **HEALTH QUARTERLY STATEMENT**

AS OF JUNE 30, 2018 OF THE CONDITION AND AFFAIRS OF THE

# Empire HealthChoice HMO, Inc.

Organized under the Laws of New York State of Domicile or Port of Entry NY  Country of Domicile United States of America  Licensed as business type:  Health Maintenance Organization  SHMO Pederally Qualified? Yes [ ] No [ X ]  Incorporated/Organized 0 03/05/1996 Commenced Business 03/19/1996  Statutory Home Office 9 Prine Street, 14th Floor (City or Town, State, Country and Zip Code)  Main Administrative Office 9 Prine Street, 14th Floor (City or Town, State, Country and Zip Code)  New York , NY, US 10005  (Street and Number) (City or Town, State, Country and Zip Code)  New York, NY, US 10005  (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  Mail Address 9 Prine Street, 14th Floor New York, NY, US 10005  (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  Primary Location of Books and Records  South Porland, ME, US 04106 (Street and Number)  South Porland, ME, US 04106 (Street and Number)  South Porland, ME, US 04106 (Street and Number)  Adam www.empireblue.com  (Final Address) (Final Address) (Area Code) (Telephone Number)  Adam www.empireblue.com  (Final Address) (Final Address) (Final Address)  OFFICERS  President, Chairperson and (Final Address) (Final Address) (Final Address) (Final Address)  OFFICERS  John Bennett Stephenson, Vice President and Medicaid Plan President  John Bennett Stephenson, Vice President and Medicaid Plan President  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES  Cancer Hilen McCabe  Patrick James O'Keeffe  Patrick James O'Keeffe  Randall Vincent Pernicone  State of University and Stephenson, vice President and Medicaid Plan President  Directors of this reporting entity being duly sworm, each depose and say that they are the described differers of said reporting entity, and that on the reporting period stated above, and of its income and deductions therefore, except as herein stated, and that this ease and calculations of the said reporting entity as of the reporting period stated above, an	NA	IC Group Code 0671 06 (Current) (Pri	The second secon	ny Code 95433 Employer's	13-3874803
Licensed as business type: Health Maintenance Organization  s HMO Federally Qualified? Yes [ ] No [ X ]  D30051996 Commenced Business (1988)  Statutory Home Office Pine Street, 14th Floor (City or Town, State, Country and Zip Code)  Main Administrative Office Pine Street, 14th Floor (Sireet and Number)  (City or Town, State, Country and Zip Code)  Mail Address Pine Street, 14th Floor (Sireet and Number)  (City or Town, State, Country and Zip Code)  Mail Address Pine Street, 14th Floor (City or Town, State, Country and Zip Code)  Mail Address Pine Street, 14th Floor (City or Town, State, Country and Zip Code)  (Sireet and Number P.D. Box) (City or Town, State, Country and Zip Code)  Mail Address Pine Street, 14th Floor (Sireet and Number P.D. Box) (City or Town, State, Country and Zip Code)  (Sireet and Number P.D. Box) (City or Town, State, Country and Zip Code)  Mail Address South Perland, Male, US 04106 (Sireet and Number)  South Perland, Male, US 04106 (Sireet and Number)  Male Address Southory State ment Contact (City or Town, State, Country and Zip Code)  Mail Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Address (City or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Tity or Town, State, Country and Zip Code)  Male Code (Ti	Organized under the Laws of		rk	, State of Domicile or Port of E	EntryNY
as HMO Federally Qualified? Yes [ ] No [ X ]  Incorporated Organized  9 Pine Street, 14th Floor (City or Town, State, Country and Zip Code)  9 Pine Street, 14th Floor (City or Town, State, Country and Zip Code)  (City or Town, State, Country and	Country of Domicile		United St	ates of America	
Conversed Cyanized   Conversed Business   Convers	Licensed as business type:		Health Mainte	enance Organization	
Statutory Home Office    Size   Pine Street   14th Floor   Size	Is HMO Federally Qualified?	Yes[]No[X]			
Main Administrative Office  New York, NY, US 10005  New York, NY, US 10005  (City or Town, State, Country and Zip Code)  New York, NY, US 10005  (City or Town, State, Country and Zip Code)  (City or To	Incorporated/Organized	03/05/1996		Commenced Business	03/19/1996
Mail Address	Statutory Home Office	9 Pine Street, 14th	Floor		
New York, NY, US 10005   City or Town, State, Country and Zip Code)   Carea Code) (Telephone Number)		(Street and Num	ber)	(City or	Town, State, Country and Zip Code)
New York, NY, US 10005 (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code) (Street and Number or P.O. Box) (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) (Street and Number) (Street and Number)  South Portland, ME, US 04105 (Street and Number)  South Portland, ME, US 04105 (City or Town, State, Country and Zip Code)  Molike  Statutory Statement Contact  Dan Wolke (Name) (E-mail Address)  OFFICERS  OFFICERS  President, Chairperson and Chief Executive Officer Lawrence Glenn Schreiber Secretary Jay Harry Wagner Assistant Secretary Patrick James O'Keeffe  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES (Groce Helen McCabe Randell Vincent Pernicone  State of Cumberland  SS:  Statutory State of Marine Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES (Groce Helen McCabe Randell Vincent Pernicone  DIRECTORS OR TRUSTEES (Groce Helen McCabe Randell Vincent Pernicone  State of Cumberland  SS:  State of Cumberland	Main Administrative Office				
City or Town, State, Country and Zip Code)   (Area Code) (Telephone Number)		New York , NY, US 10005			212-563-5570
(City or Town, State, Country and Zip Code)  2 Gannett Drive (Street and Number) South Portland, ME, US 04106 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Area Code) (Telephone Number) (Area Code) (Telephone Number) (FAX Number) (FAX Number) (FAX Number)  OFFICERS  President, Chairperson and Chief Executive Officer  Lawrence Glenn Schreiber  Secretary  Jay Harry Wagner  OTHER  Mark Daniel Justus, Valuation Actuary  Vincent Edward Scher, Assistant Treasurer  DIRECTORS OR TRUSTEES  Grace Telephone Number)  State of  Maine  State of  Maine  South Portland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and have that this tatement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and frue statement period entedd, and have been completed assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this tatements, together with related exhibits, schedules and explanations therein contained	(City or	Town, State, Country and Zip Coo	le)	(A	rea Code) (Telephone Number)
South Portland, ME, US 04106  South Portland, ME, US 04106  (City or Town, State, Country and Zip Code)  Manwww.empireblue.com  Statutory Statement Contact  Dan Wolke  (Name)  (Re-mail Address)  OFFICERS  President, Chairperson and Chief Executive Officer  Lawrence Glenn Schreiber  Plan President  Dan Wolke  Daniel Jay Harry Wagner  DIRECTORS OF TRUSTEES  Lawrence Glenn Schreiber  Patrick James O'Keeffe  Randell Vincent Pernicone  State of  Cumberfund  Sitate of  Sitate of  Cumberfund  Sitate of  Sitate of  Cumberfund  Sit	Mail Address				
South Portland, ME, US 04106   S86-583-6182   (City or Town, State, Country and Zip Code)   (Area Code) (Telephone Number)		(Street and Number or P.O.	Box)	(City or	Town, State, Country and Zip Code)
South Portland, ME, US 04106 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  Internet Website Address  Internet Website Address  Statutory Statement Contact  Dan Wolke (Name)  (Name)  (Name)  (Rame)  (Name)  (Rame)  (Area Code) (Telephone Number)  317-488-6245  (Name)  (FAX Number)  (FAX Number)  OFFICERS  President, Chairperson and Chief Executive Officer  Lawrence Glenn Schreiber  Secretary  Jay Harry Wagner  Assistant Secretary  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTES  Lawrence Glenn Schreiber  Patrick James O'Keeffe  Patrick James O'Keeffe  Randal Vincent Pernicone  State of  Maine County of  Cumberland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, and of las income and deductions therefrom for the period ended, and that this endedion and affairs of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and thave been complete accordance with the NAIC Annual Statement Institutions and Accounting Practices and Procedures manual except to the wine statement of all the assets and labbilities and of the condition and affairs of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been complete accordance with the NAIC Annual Statement Institutions and Accounting Practices and Procedures manual except to the wine statement of all the assets and labbilities and of the condition and affairs of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed accordance with the NAIC Annual way of the said reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed accordance with the NAIC Annual way offer or City Dist state and source and period than the period end	Primary Location of Books and	d Records			
Internet Website Address  Statutory Statement Contact    Dan   Wolke	S	South Portland , ME, US 04106	(Street	and Number)	866-583-6182
Statutory Statement Contact    Dan Wolke	(City or	Town, State, Country and Zip Coo	le)	(A	rea Code) (Telephone Number)
Carea Code)   Telephone Number   State   Sta	Internet Website Address		www.er	mpireblue.com	
Commonwealth   Comm	Statutory Statement Contact	Dan	Wolke		317-488-6245
OFFICERS  President, Chairperson and Chief Executive Officer  Lawrence Glenn Schreiber  Jay Harry Wagner  Assistant Secretary  Jay Harry Wagner  Assistant Secretary  John Bennett Stephenson, Vice President and Medicaid Plan President  Plan President  DIHER  Mark Daniel Justus, Valuation Actuary  Vincent Edward Scher, Assistant Treasurer  DIRECTORS OR TRUSTEES  Grace Helen McCabe  Lawrence Glenn Schreiber  Patrick James O'Keeffe  Randall Vincent Pernicone  State of  Cumberland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, and lide of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this tatement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is all and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual excupt to the extent that: (1) state law may differ, or (2) that state ulues or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, watch the except this condition in the reporting procedures and the related correction gle electronic filing with the NAIC Annual Statement instructions and secretices and Procedures manual except to the extent that: (1) state law may differ, or (2) that state except this extent only the except this information, knowledge and belief, the except this information, knowledge and belief, the except this information, knowledge and belief, that is an original filing?  Lawrence Gle		98 (S.C.) (SEC.) NEC.)	ame)		
President, Chairperson and Chief Executive Officer  Secretary  Jay Harry Wagner  OTHER  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES Lawrence Glenn Schreiber Patrick James O'Keeffe  DIRECTORS OR TRUSTEES Lawrence Glenn Schreiber Patrick James O'Keeffe  Randall Vincent Pernicone  State of Cumberland  SS:  Che officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described exhibits, schedules and explanations therein contained, annexed or referred to, stull and true statement of all the assets and liablities and of the socidion and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the pende ended, and have been completed accordance with the NAIC Annual Statement instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state ules or regulations require differences in reporting not related to accounting practices and procedures, accordance with that: (1) state law may differ, or, (2) that state ules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, especitively. Prethermore, the scope of this attestation by the described officers also includes the related coroning fling with the NAIC Andrew required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  Lawrence Glenn Schreiber President  Patient  Jay Harry Wagner  Lawrence Glenn Schreiber  Secretary  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Lawrence Glenn Schreiber  President  Jay Harr				<del>-</del> /	
President, Chairperson and Chief Executive Officer  Secretary  Jay Harry Wagner  OTHER  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES Lawrence Glenn Schreiber Patrick James O'Keeffe  DIRECTORS OR TRUSTEES Lawrence Glenn Schreiber Patrick James O'Keeffe  Randall Vincent Pernicone  State of Cumberland  SS:  Che officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described exhibits, schedules and explanations therein contained, annexed or referred to, stull and true statement of all the assets and liablities and of the socidion and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the pende ended, and have been completed accordance with the NAIC Annual Statement instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state ules or regulations require differences in reporting not related to accounting practices and procedures, accordance with that: (1) state law may differ, or, (2) that state ules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, especitively. Prethermore, the scope of this attestation by the described officers also includes the related coroning fling with the NAIC Andrew required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.  Lawrence Glenn Schreiber President  Patient  Jay Harry Wagner  Lawrence Glenn Schreiber  Secretary  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Lawrence Glenn Schreiber  President  Jay Harr			OF	FICERS	
Secretary Jay Harry Wagner Assistant Secretary Patrick James O'Keeffe  OTHER  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES  Lawrence Glenn Schreiber Grace Helen McCabe Lois Susan Freedman  Patrick James O'Keeffe Randall Vincent Pernicone  State of Maine County of Cumberland  SS:  Che officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this talement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and or incidion and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed ascordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state uses or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, especietyly. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an accord one with the NAIC and the state of the period ended and belief, the same of the period ended and belief, the period ended and belief, the period ended and belief, the period ended and the same of the period ended and the period ended and the same of the period ended and t	President, Chairperson and				
OTHER  John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES  Lawrence Glenn Schreiber Patrick James O'Keeffe  Randall Vincent Pernicone  State of County of Cumberland  SS:  Countly of Cumberland  SS:  Che officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this tradement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and frue statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed nacordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures must except to the extent that (1) state law may differ, or (2) that state state in by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement.  Lawrence Glenn Schreiber President  Jay Harry Wagner  Eric (Rick) Kenneth Noble Treasurer  a. Is this an original filing?  Yes [ X ] No [ ]  b. If no, 1. State the amendment number					
John Bennett Stephenson, Vice President and Medicaid Plan President  DIRECTORS OR TRUSTEES  Lawrence Glenn Schreiber Grace Helen McCabe Lois Susan Freedman  Patrick James O'Keeffe Randall Vincent Pernicone  State of Cumberland  SS:  Cumberland  SS:  Cumberland  SS:  Cumberland  SS:  Cumberland  Cumberland  SS:	Secretary _	ouy riany vva			, , , , , , , , , , , , , , , , , , , ,
DIRECTORS OR TRUSTEES Lawrence Glenn Schreiber Patrick James O'Keeffe Randall Vincent Pernicone  State of County of Cumberland SS:  Che officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this tatement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state uses or regulations require differences in reporting not related to accounting practices and procedures manual except to the extent that: (1) state law may differ, or, (2) that state especially. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an one enclosed statement.  Lawrence Glenn Schreiber  Jay Harry Wagner  Eric (Rick) Kenneth Noble  Treasurer  a. Is this an original filing?  Yes [ X ] No [ ]  b. If no.  1. State the amendment number.  2. Date filed	John Bennett Stephenson, '	Vice President and Medicaid	C	OTHER	
Lawrence Glenn Schreiber Patrick James O'Keeffe Randall Vincent Pernicone  State of County of Cumberland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed uses or regulations require differences in reporting not related to accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state uses or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, especitively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an other enclosed statement.  Lawrence Glenn Schreiber President  Lawrence Glenn Schreiber President  Jay Harry Wagner Eric (Rick) Kenneth Noble Treasurer  a. Is this an original filing?  Yes [ X ] No [ ]  b. If no,  1. State the amendment number.  2. Date filed			Mark Daniel Ju	stus, Valuation Actuary	Vincent Edward Scher, Assistant Treasurer
Patrick James O'Keeffe  Randall Vincent Pernicone  State of Maine County of Cumberland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this tatement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or. (2) that state uses or reporting on trelated to accounting practices and Procedures, according to the best of their information, knowledge and belief, espectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an active except for formatting differences due to electronic filing) of the enclosed statement.  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Eric (Rick) Kenneth Noble  Treasurer  a. Is this an original filing?  Yes [ X ] No [ ]  Subscribed and sworn to before me this  Aday of  Lawrence Glenn Schreiber  Agay of  Lawrence Glenn Schreiber  President  Secretary  Lawrence Glenn Schreiber  President  Lawrence Glenn Schreiber  President  Lawrence Glenn Schreiber  President  Secretary  Lawrence Glenn Schreiber  President  Lawrence Glenn Schreiber  President  Lawrence Glenn S					Lais Corea Faradasa
County of Cumberland  SS:  The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or. (2) that state ulses or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, espectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an encounter of the enclosed statement.  Lawrence Glenn Schreiber  President  Jay Harry Wagner  Eric (Rick) Kenneth Noble  Treasurer  a. Is this an original filing?  Yes [ X ] No [ ]  b. If no,  1. State the amendment number.  2. Date filed  Date filed  Date of the described officers of said reporting entity, and that this said reporting entity, free and clear from any liens or claims therein and their information, and that this said entities and of the enclosed statement in the period ended, and have been completed and severe the period ended, and that this said ended to the except and the period ended, and the period ended and the period ended and the period ended and the period ended and ended the period ended and ended the period ended and ende					Lois Susan Freedman
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3. Number of pages attached	all of the herein described asstatement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require crespectively. Furthermore, the exact copy (except for formatti to the enclosed statement.  Lawrence Glenn S President Subscribed and sworn to befor	sets were the absolute property of dexhibits, schedules and explana dreporting entity as of the reporting Annual Statement Instructions and differences in reporting not relate a scope of this attestation by the ong differences due to electronic fill schreiber	f the said reporting er ions therein container g period stated above Accounting Practices d to accounting practices d to accounting practices of the period of the enclosed state of the enclosed stat	arry Wagner ecretary  a. Is this an original filing b. If no.  1. State the amendme.  2. Date filed	or claims thereon, except as herein stated, and that this d true statement of all the assets and liabilities and of the therefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, glectronic filing with the NAIC, when required, that is an be requested by various regulators in lieu of or in addition  Eric (Rick) Kenneth Noble  Treasurer  Yes [ X ] No [ ]

SHARON W. BERRY

Notary Public, Maine My Commission Expires January 8, 2024

> Apply Contorate Seal Here

## **ASSETS**

		Current Statement Date 4				
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets	
1.	Bonds	325,001,660	0		364,393,290	
	Stocks:					
	2.1 Preferred stocks			0		
	2.2 Common stocks			0		
3.	Mortgage loans on real estate:					
	3.1 First liens			0		
	3.2 Other than first liens			0		
4.	Real estate:					
	4.1 Properties occupied by the company (less \$ encumbrances)			0		
	4.2 Properties held for the production of income (less					
	\$encumbrances)			0		
	4.3 Properties held for sale (less \$					
	encumbrances)			0		
5.	Cash (\$2,091,697 ), cash equivalents					
	(\$0 ) and short-term					
	investments (\$	2 001 607	0	2,091,697	3 817 053	
6.	Contract loans (including \$ premium notes)					
7.	Derivatives premium notes/					
7. 8.	Other invested assets			0		
9.	Receivables for securities		0			
9. 10.	Securities lending reinvested collateral assets			4,493,970	59,142	
	Aggregate write-ins for invested assets			86,090	126,404	
11. 12.	Subtotals, cash and invested assets (Lines 1 to 11)			331,673,436		
			1,601,121			
13.	Title plants less \$ charged off (for Title insurers			0		
4.4	only)  Investment income due and accrued			3,345,613		
		3,345,013	U	3,343,613		
15.	Premiums and considerations:	12 004 205	0 000 070	11 506 000	17 /10 0/5	
	15.1 Uncollected premiums and agents' balances in the course of collection	13,664,303	2,290,073	11,300,232	17,410,040	
	15.2 Deferred premiums, agents' balances and installments booked but					
	deferred and not yet due (including \$			0		
	earned but unbilled premiums)			0		
	15.3 Accrued retrospective premiums (\$	00 470 400		00 470 400	00 000 110	
	contracts subject to redetermination (\$89,476,132 )	89,476,132	0	89,4/6,132	62,896,113	
16.	Reinsurance:	140 407	0	140 407	4 000 000	
	16.1 Amounts recoverable from reinsurers			143,487		
	16.2 Funds held by or deposited with reinsured companies			0		
	16.3 Other amounts receivable under reinsurance contracts			0	040.074	
	Amounts receivable relating to uninsured plans			422,178	349,371	
	Current federal and foreign income tax recoverable and interest thereon			42,779,617	40,973,746	
	Net deferred tax asset			4,898,249	4,899,816	
19.	Guaranty funds receivable or on deposit			0		
20.	Electronic data processing equipment and software			0		
21.	Furniture and equipment, including health care delivery assets					
	(\$)					
22.	Net adjustment in assets and liabilities due to foreign exchange rates					
23.	Receivables from parent, subsidiaries and affiliates				0	
24.	Health care (\$			15,363,986		
25.	Aggregate write-ins for other than invested assets	26,958,490	2,440,551	24,517,939	14,544,211	
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	552.799.162	28.592.293	524,206,869	525.218.643	
27.	From Separate Accounts, Segregated Accounts and Protected Cell					
	Accounts			0		
28.	Total (Lines 26 and 27)	552,799,162	28,592,293	524,206,869	525,218,643	
	DETAILS OF WRITE-INS					
1101. 1102.	Investment Guaranty Fund (Blue Cross and Blue Shield Association)			86,090	126,404	
1103.						
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0	
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	1,887,211	1,801,121	86,090	126,404	
2501.	New York Assessment		0		9,080,065	
2501.	Premium Tax Recoverable		0		369,976	
2502. 2503.	Stop Loss Receivables (NY Regulation 4321, 4322 & 4327)			4,266,797	2,902,619	
	Summary of remaining write-ins for Line 25 from overflow page			7,022,138	2,902,619	
2598.					, ,	
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	26,958,490	2,440,551	24,517,939	14,544,211	

# LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)		0		141,657,221
2.	Accrued medical incentive pool and bonus amounts				12,541,971
3.	Unpaid claims adjustment expenses				4.213.467
4.	Aggregate health policy reserves, including the liability of	, , , , , , , , , , , , , , , , , , , ,		, ,	.,,,
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	22,509,229	0	22,509,229	36,342,728
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve			0	
7.	Aggregate health claim reserves	14,870	0	14,870	37,905
8.	Premiums received in advance	80,115,005	0	80,115,005	1,747,849
9.	General expenses due or accrued	13,676,550	0	13,676,550	6,741,074
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ on realized gains (losses))			0	
10.2	Net deferred tax liability			0	
11.	Ceded reinsurance premiums payable			0	
12.	Amounts withheld or retained for the account of others			1,932,658	
13.	Remittances and items not allocated	5,917,228	0	5,917,228	5,546,143
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	
15.	Amounts due to parent, subsidiaries and affiliates				97,940,602
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending	4,493,970	0	4,493,970	59,142
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized			0	
00	reinsurers and \$ certified reinsurers)			0	
20.	· ·			0	
21.	companies  Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$				
20.	current)		0	26 , 188 , 195	12 956 799
24	Total liabilities (Lines 1 to 23)			321,879,572	
25.	Aggregate write-ins for special surplus funds			0	19, 157, 298
26.	Common capital stock				2
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus	xxx	XXX	86,999,998	86,999,998
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	160,381,882	160,381,882
31.	Unassigned funds (surplus)	xxx	XXX	(45,054,585)	(62,940,416)
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
	\$	XXX	XXX		
	32.2 shares preferred (value included in Line 27				
	\$				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				203,598,764
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	524,206,869	525,218,643
	DETAILS OF WRITE-INS				
2301.	Miscellaneous Medicare Liabilities				8,669,474
2302.	Escheat Liability			1,769,504	2,029,044
2303.	Other Premium Liability			1, 133, 907 1, 149, 469	1,598,957
2398.	Summary of remaining write-ins for Line 23 from overflow page	00 100 105	0		659,324
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) Estimated ACA Health Insurer fee			26,188,195	12,956,799 19,157,298
2501. 2502.	ESTIMATED ANA HEARTH HISBIEF FEE				19, 157,296
2502.					
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2596. 2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	19,157,298
3001.	Required Reserves				
3001.	nequired neserves				
3002.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	160,381,882	160,381,882
		7000	////	.55,551,552	.55,551,552

# **STATEMENT OF REVENUE AND EXPENSES**

		Curren To E	Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX			1,650,248
2.	Net premium income ( including \$0 non-health				1,000,210
	premium income)	XXX	497.282.355	653, 192, 931	1,283,055,054
3.	Change in unearned premium reserves and reserve for rate credits			(1,042,731)	
4.	Fee-for-service (net of \$				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues			_	0
7.	Aggregate write-ins for other non-health revenues			0	0
8.	Total revenues (Lines 2 to 7)	XXX			1,284,582,226
	Hospital and Medical:				
9.	Hospital/medical benefits		331,247,831	440,180,815	888, 181, 934
10.	Other professional services		25,021,818	25,172,044	54,477,472
11.	Outside referrals		15,093,025	23,500,129	45,592,064
12.	Emergency room and out-of-area		14,528,466	17, 186, 631	35, 198, 793
13.	Prescription drugs		45,065,476	95,988,988	191,011,859
14.	Aggregate write-ins for other hospital and medical	0	(1,255,039)	(1,362,520)	(3,679,156)
15.	Incentive pool, withhold adjustments and bonus amounts		13, 198, 954	11,431,363	28 , 195 , 585
16.	Subtotal (Lines 9 to 15)	0	442,900,531	612,097,450	1,238,978,551
	Less:				
17.	Net reinsurance recoveries			930,930	985,068
18.	Total hospital and medical (Lines 16 minus 17)	0	442,900,531	611, 166,520	1,237,993,483
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$10,605,560 cost				
	containment expenses		16,217,608	21,314,393	49,806,835
21.	General administrative expenses		52,308,972	41,278,461	95,110,160
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)		(15,004,258)	40,438,969	(14,228,785)
23.	Total underwriting deductions (Lines 18 through 22)	0	496,422,853	714 , 198 , 343	1,368,681,693
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,341,717	(62,048,143)	(84,099,467)
25.	Net investment income earned		5,744,362	5,818,414	11,761,729
26.	Net realized capital gains (losses) less capital gains tax of				
	\$(125,699)		(692,382)		594,077
27.	Net investment gains (losses) (Lines 25 plus 26)	0	5,051,980	6,388,832	12,355,806
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$ )				
	(amount charged off \$185,852 )]				
29.	Aggregate write-ins for other income or expenses	0	(302,524)	(174,896)	(407,607)
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	VVV	5 905 321	(56, 169, 590)	(72,698,991)
31.	Federal and foreign income taxes incurred				(34,306,881)
32.	Net income (loss) (Lines 30 minus 31)	XXX	922,522	(53,682,566)	(38,392,110)
JZ.	DETAILS OF WRITE-INS	XXX	022,022	(00,002,000)	(00,002,110)
0601.		VVV			
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.					
0702.					
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX		0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.	Pool Recoveries - Stop Loss	0	(1,255,039)	(1,362,520)	(3,679,156)
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	(1,255,039)	(1,362,520)	(3,679,156)
2901.	Miscellaneous (expense) income	0	(302,524)	(174,896)	(407,607)
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page				0
	,				

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND EX	PENSES (	Jontinued	,
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33. C	apital and surplus prior reporting year	203,598,764	223,931,842	223,931,842
34. N	let income or (loss) from Line 32	922,522	(53,682,566)	(38,392,110)
35. C	change in valuation basis of aggregate policy and claim reserves			
36. C	change in net unrealized capital gains (losses) less capital gains tax of \$23,786	89,484	(41,985)	(42, 197)
37. C	change in net unrealized foreign exchange capital gain or (loss)			
38. C	change in net deferred income tax	22,219	(922,244)	(21,048)
39. C	change in nonadmitted assets	(2,305,692)	(6,686,791)	3,122,277
40 C	hange in unauthorized and certified reinsurance	0		
41. C	hange in treasury stock	0		
42. C	hange in surplus notes	0		
43. C	umulative effect of changes in accounting principles.			
44. C	apital Changes:			
44	4.1 Paid in	0		
44	4.2 Transferred from surplus (Stock Dividend)	0		
44	4.3 Transferred to surplus.			
45. Si	urplus adjustments:			
45	5.1 Paid in	0		15,000,000
45	5.2 Transferred to capital (Stock Dividend)			
45	5.3 Transferred from capital			
46. D	ividends to stockholders			
47. A	ggregate write-ins for gains or (losses) in surplus	0	0	0
48. N	let change in capital & surplus (Lines 34 to 47)	(1,271,467)	(61,333,586)	(20,333,078)
49. C	apital and surplus end of reporting period (Line 33 plus 48)	202,327,297	162,598,256	203,598,764
D	PETAILS OF WRITE-INS			
4701				
4702				
4703				
4798. S	tummary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. To	otals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

# **CASH FLOW**

	CASITICAN		_	
	_	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	555,502,968	691,519,844	1,276,185,355
2.	Net investment income	7,450,594	8,662,783	16,431,321
3.	Miscellaneous income	0		
4.	Total (Lines 1 to 3)	562,953,562	700,182,627	1,292,616,676
5.	Benefit and loss related payments	486,420,362	634,801,599	1,228,404,193
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	62,946,734	64,922,998	144,216,688
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$(125,699) tax on capital	0.000.074	7 000 000	(4,040,004)
	gains (losses)	6,662,971	7,333,663	(1,042,901)
10.	Total (Lines 5 through 9)	556,030,067	707,058,260	1,371,577,980
11.	Net cash from operations (Line 4 minus Line 10)	6,923,495	(6,875,633)	(78,961,304)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	95,423,700	90,607,817	150,720,653
	12.2 Stocks	0		
	12.3 Mortgage loans	0		
	12.4 Real estate	0		
	12.5 Other invested assets	0		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(22)		(900)
	12.7 Miscellaneous proceeds	(61,435)	12,335,986	21,392,759
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	95,362,243	102,943,803	172,112,512
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	58,204,096	46,034,191	109,054,150
	13.2 Stocks	0		
	13.3 Mortgage loans	0		
	13.4 Real estate	0		
	13.5 Other invested assets	0		
	13.6 Miscellaneous applications	4,475,161	49,815	65,353
	13.7 Total investments acquired (Lines 13.1 to 13.6)	62,679,257	46,084,006	109,119,503
14.	Net increase (or decrease) in contract loans and premium notes	0		
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	32,682,986	56,859,797	62,993,009
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0		
	16.2 Capital and paid in surplus, less treasury stock	0		15,000,000
	16.3 Borrowed funds	0		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0		
	16.5 Dividends to stockholders	0		
	16.6 Other cash provided (applied)	(41,331,837)	(19,115,680)	2,775,542
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(41,331,837)	(19,115,680)	17,775,542
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,725,356)	30,868,484	1,807,247
19.	Cash, cash equivalents and short-term investments:	. , . , . ,	, , .	, , ,
		3,817,053	2,009,806	2,009,806
		2,091,697	32,878,290	3,817,053

Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.	 	

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Comprehe (Hospital & I	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	134,609	49,084	16,068	0	0	0	0	69,457	0	
2. First Quarter	86,816	0	13, 170	0	0	0	0	73,646	0	
3. Second Quarter	86,406	0	12,517	0	0	0	0	73,889	0	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	522,068		80,084					441,984		
Total Member Ambulatory Encounters for Period:										
7 Physician	647,550		58,082					589,468		
8. Non-Physician	421,557		24,107					397,450		
9. Total	1,069,107	0	82,189	0	0	0	0	986,918	0	
10. Hospital Patient Days Incurred	78,468		2,524					75,944		
11. Number of Inpatient Admissions	10,476		509					9,967		
12. Health Premiums Written (a)	497,282,355	1, 163, 613	62,689,185					433,270,808		158,74
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	497,764,570	1,163,613	62,645,754					433,796,818		158,38
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	490,559,535	31,792,140	55, 143, 604					403,476,391		147,40
18. Amount Incurred for Provision of Health Care Services	442,900,531	(7,623,069)	51,130,305					399,246,829		146,46

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims							
1	2	3	4	5	6	7	
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total	
Claims Unpaid (Reported)							
					<b>_</b>		
					+		
					+		
					+		
					-		
0299999 Aggregate accounts not individually listed-uncovered							
0399999 Aggregate accounts not individually listed-covered	44,568,355	183,656	36,731	27,548	9,183	44,825,47	
049999 Subtotals	44,568,355	183,656	36,731	27,548	9,183	44,825,47	
0599999 Unreported claims and other claim reserves	<u> </u>	, ,	·			52,087,83	
0699999 Total amounts withheld							
0799999 Total claims unpaid						96,913,30	
0899999 Accrued medical incentive pool and bonus amounts						9 649 91	

## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE							
		Claims Paid Liability			5	6	
	Year to		End of Curre				
	1	2	3	4			
						Estimated Claim	
	On		On			Reserve and	
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred in	Claim Liability	
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of	
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year	
Comprehensive (hospital and medical)	52,588,615	44,801,531	4,884,956	11,881,032	57,473,571	59,922,464	
1. Comprehensive (nospital and medical)		44,001,331	4,004,930	11,001,002			
2. Medicare Supplement					0	0	
a. Bartel Oak					0	۸	
3. Dental Only							
4. Vision Only					0	0	
						•••••••••••••••••••••••••••••••••••••••	
					_	_	
5. Federal Employees Health Benefits Plan					0	0	
6. Title XVIII - Medicare	63,682,332	350.571.396	4.889.915	75.265.236	68,572,247	81,764,690	
6. The Aviii - Medicare			4,000,010			01,704,030	
7 Title XIX - Medicaid					0	0	
	4 007	140,000	4 040	Г 000	E 04E	7 070	
8. Other health	4,397	143,003	1,218	5,820	5,615	7,972	
9. Health subtotal (Lines 1 to 8)	116,275,344	395,515,930	9,776,089	87, 152,088	126,051,433	141,695,126	
			_	_		_	
10. Healthcare receivables (a)	6,017,328	31,305,420	0	0	6,017,328	0	
11. Other non-health					0	Λ	
11. Otter normeatin						U	
12. Medical incentive pools and bonus amounts	12,018,389	4,072,620	4,611,938	5,037,978	16,630,327	12,541,971	
10 T.I. (II. 0.10.11.10)	100 070 400	200 200 400	14 000 007	00 100 000	100 004 400	154 007 007	
13. Totals (Lines 9-10+11+12)	122,276,405	368, 283, 130	14,388,027	92,190,066	136,664,432	154,237,097	

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2017. This presentation addresses only significant events occurring since the last Annual Statement.

#### 1. Summary of Significant Accounting Policies and Going Concern

#### **A.** Accounting Practices

The accompanying financial statements of Empire HealthChoice HMO, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") Annual Statement Instructions and in accordance with accounting practices prescribed or permitted by the New York State Department of Financial Services (the "Department"). The Department has adopted accounting policies found in the NAIC Accounting Practices and Procedures Manual ("NAIC SAP") as a component of prescribed accounting practices. Additionally, the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically 1) overdue premiums (in excess of 90 days) from state and local governments or any of its instrumentalities shall be admitted assets; in NAIC SAP, premiums over 90 days due are non-admitted; 2) certain estimated market stabilization reinsurance/ pooling recoverables, stop-loss recoverables, and reinsurance recoverables are admitted assets; in NAIC SAP, these recoverables are admitted only upon notification of the refund; 3) invested assets held for the benefit of out of state subscriber claims (Blue Cross and Blue Shield Association Investment Guaranty Fund) which exceeds 105% of the required amount to be held in trust are non-admitted assets; in NAIC SAP, these invested assets would be admitted; and 4) prepaid broker commissions are admitted assets; in NAIC SAP, prepaid broker commissions are nonadmitted assets. The Department has the right to permit other specific practices that deviate from prescribed practices. The Company has employed no permitted practices in preparing the accompanying statutory-basis financial statements.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

		SSAP#	F/S Page	F/S Line	June 30, 2018	December 31, 2017
Net	Income					
(1)	Empire HealthChoice HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 922,522	\$ (38,392,110)
(2)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 922,522	\$ (38,392,110)
Sur	plus					
(5)	Empire HealthChoice HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 202,327,297	\$ 203,598,764
(6)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
	Pooling/Stop Loss recoverable BCA Investment Guaranty Fund Prepaid Brokers' Commissions Overdue local government premiums	6 26 29 6	2 2 2 2	25 11 25 15.1	4,157,658 (1,801,121) 959,814 87,558	2,902,619 (1,659,058) 771,872 846,314
(7)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$198,923,388	\$ 200,737,017

#### NOTES TO FINANCIAL STATEMENTS

#### B. Use of Estimates in the Preparation of the Financial Statements

No significant change.

#### C. Accounting Policies

- (1) (5) No significant change.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) (14) No significant change.

#### D. Going Concern

Not applicable.

#### 2. Accounting Changes and Corrections of Errors

Not applicable.

#### 3. Business Combinations and Goodwill

Not applicable.

#### 4. Discontinued Operations

Not applicable.

#### 5. Investments

#### A. - C.

Not applicable.

#### D. Loan-Backed Securities

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the six months ended June 30, 2018.
- (3) The Company did not hold other-than-temporary impairments on its loan-backed securities at June 30, 2018.
- (4) The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at June 30, 2018.
- (5) The Company had no impaired loan-backed securities at June 30, 2018.

#### E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) Not applicable.
- (2) No significant change.

### NOTES TO FINANCIAL STATEMENTS

#### (3) Collateral Received

- a. No significant change.
- b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged.

4,495,665

- c. No significant change.
- (4) Not applicable.
- (5) No significant change.
- (6) Not applicable.
- (7) Not applicable.

#### F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at June 30, 2018.

#### G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at June 30, 2018.

#### H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at June 30, 2018.

#### I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at June 30, 2018.

### J. Real Estate

No significant change.

#### K. Investments in Low-Income Housing Tax Credits

No significant change.

#### L. Restricted Assets

No significant change.

#### M. Working Capital Finance Investments

Not applicable.

#### N. Offsetting and Netting of Assets and Liabilities

The Company had no netted assets and liabilities at June 30, 2018.

#### O. Structured Notes

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

#### P. 5\* Securities

The Company has no 5\* Securities as of June 30, 2018.

#### Q. Short Sales

The Company did not have any short sales at June 30, 2018.

#### R. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at June 30, 2018.

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

#### 7. Investment Income

No significant change.

#### 8. Derivative Instruments

No significant change.

#### 9. Income Taxes

No significant change.

#### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

#### A. Nature of the Relationship

No significant change.

#### **B.** Significant Transactions for the Period

No significant change.

#### C. Intercompany Management and Service Arrangements

No significant change.

#### D. Amounts Due to or from Related Parties

At June 30, 2018, the Company reported no amounts due from affiliates and \$57,598,962 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

#### E. - N.

No significant change.

#### 11. Debt

## STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

# 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated

# **Absences and Other Postretirement Benefit Plans**

<b>A</b> .	Defined	Renefit	Plan
<b>A.</b>	Demica	Denem	1 lan

Not applicable.

- **B.** Not applicable.
- C. Not applicable.
- **D.** Not applicable.

#### **E.** Defined Contribution Plans

Not applicable.

#### F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

#### G. Consolidated/Holding Company Plans

No significant change.

#### H. Post Employment Benefits and Compensated Absences

Not applicable.

#### I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

#### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) - (8)

No significant change.

#### (9) Changes in Special Surplus Funds

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the estimated Affordable Care Act ("ACA") health insurer fee. As of June 30, 2018, the Company fully expensed the estimated 2018 insurer fee. The insurer fee was suspended for 2019.

(10) - (13)

No significant change.

#### 14. Liabilities, Contingencies and Assessments

No significant change.

#### 15. Leases

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

# 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

#### 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

#### A. Transfers of Receivables Reported as Sales

Not applicable.

#### B. Transfer and Servicing of Financial Assets

- (1) No significant change.
- (2) (7) Not applicable.

#### C. Wash Sales

- (1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- (2) At June 30, 2018, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

# 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

#### A. Administrative Services Only Plans

Not applicable.

#### **B.** Administrative Services Contract Plans

Not applicable.

#### C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

No significant change.

# 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

#### 20. Fair Value Measurements

#### A.

(1) Fair Value Measurement at Reporting Date

Description for each class of asset or liability	(Le	evel 1)	(Level 2)	(Level 3)	Total	Net Asset Value ("NAV") Included in Level 2
a. Assets at fair value						
Bonds						
U.S. Special Revenues	\$	_	\$ 2,121,657	\$ —	\$2,121,657	\$ —
Industrial and misc		_	754,609	_	754,609	_
Total bonds	\$	_	\$ 2,876,266	\$ —	\$2,876,266	\$ —
Total assets at fair value	\$	_	\$ 2,876,266	\$ —	\$2,876,266	\$ —

(2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of June 30, 2018.

- (3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, residential mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

There have been no significant changes in the valuation techniques during the current period.

#### **B.** Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

#### C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)	Net Asset Value ("NAV") Included in Level 2
Bonds	\$ 322,296,415	\$ 325,001,660	s —	\$ 322,296,415	s —	s —	\$
Securities lending collateral asset	4,495,665	4,493,970	3,611,334	884,331	_	_	_

#### D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value.

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

#### 21. Other Items

No significant change.

#### 22. Events Subsequent

Subsequent events have been considered through August 13, 2018 for the statutory statement issued on August 14, 2018. There were no other events occurring subsequent to June 30, 2018 requiring recognition or disclosure.

### 23. Reinsurance

No significant change.

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D.

No significant change.

## NOTES TO FINANCIAL STATEMENTS

### **E.** Risk Sharing Provisions of the Affordable Care Act ("ACA")

(1)	Did Affe	the reporting entity write accident and health insurance premium that is subject to the ordable Care Act risk sharing provisions (YES/NO)?	Yes	
(2)	Imp Lial	act of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, bilities and Revenue for the Current Year		
	a.	Permanent ACA Risk Adjustment Program Assets		
		Assets		
		1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool premium)	\$	60,747,249
		Liabilities		
		2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	93,123
		3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$	1,615,034
		Operations (Revenue & Expense)		
		4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	364,521
		5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	2,908
	b.	Transitional ACA Reinsurance Program		
		Assets		
		1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	143,487
		2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$	_
		3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$	_
		Liabilities		
		4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	_
		5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	_
		<ol> <li>Liability for amounts held under uninsured plans contributions for ACA Reinsurance</li> </ol>	\$	_
		Operations (Revenue & Expense)		
		7. Ceded reinsurance premiums due to ACA Reinsurance	\$	_
		8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	_
		9. ACA Reinsurance contributions - not reported as ceded premium	\$	_
	c.	Temporary ACA Risk Corridors Program		
		Assets		
		1. Accrued retrospective premium due to ACA Risk Corridors	\$	_
		Liabilities		
		2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	_
		Operations (Revenue & Expense)		
		3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$	
		4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	

## STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

											_				
							Differ	ences	Adj	ustments		Unsettled Balances as of the Reporting Date			
			Accrued Dur Year on Busi Before Dece the Prio	ness Written ember 31 of	Received or the Currer Business Before Dec of the Pr	t Year on Written cember 31	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)		
			1	2	3	4	5	6	7	8		9	10		
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable) Re	f	Receivable	(Payable)		
a.		nanent ACA Risk ustment Program													
	1.	Premium adjustments receivable (including high risk pool payments)	\$ 58,798,885	s –	\$ 31,191	s –	\$58,767,694	\$ <u> </u>	\$ 1,979,555	\$ <u> </u>	_	\$ 60,747,249	<u> </u>		
	2.	Premium adjustments (payable) (including high risk pool premiums)	s —	s –	s –	s —	s –	\$ —	s –	\$ 667,341 B		\$ —	\$ 667,341		
	3.	Subtotal ACA Permanent Risk Adjustment Program	\$ 58,798,885	s –	\$ 31,191	s –	\$58,767,694	s –	\$ 1,979,555	\$ 667,341		\$ 60,747,249	\$ 667,341		
b.		nsitional ACA nsurance Program													
	1.	Amounts recoverable for claims paid	\$ 4,282,660	s —	\$4,139,173	\$ —	\$ 143,487	s —	s —	\$ <u> </u>	_	\$ 143,487	<u>s                                    </u>		
	2.	Amounts recoverable for claims unpaid (contra liability)	s –	s –	s —	s –	s –	\$ —	s —	\$ <u> </u>	_	\$ —	s <u> </u>		
	3.	Amounts receivable relating to uninsured plans	s —	s —	s —	s –	s —	s —	s —	\$ — E		\$ —	s –		
	4.	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	s —	s –	s –	s —	s —	s —	s —	\$ — F		\$ —	s –		
	5.	Ceded reinsurance premiums payable	s –	s –	s –	s –	s –	s –	s –	\$ — G		s –	s _		
	6	Liability for amounts held under uninsured plans	s –	s –	\$ —	s –	s –	s –	s –	\$ <u> </u>	_	\$ —	s <u> </u>		
	7.	Subtotal ACA Transitional Reinsurance Program	\$ 4,282,660	s –	\$4,139,173	s –	\$ 143,487	s —	s –	\$ <u> </u>		\$ 143,487	s <u> </u>		
c.	Ten Con	porary ACA Risk ridors Program													
		Accrued retrospective premium	s –	s –	s –	s –	s –	s –	s –	\$ <u> </u>	_	ş	s <u> </u>		
	2.	Reserve for rate credits or policy experience rating refunds	\$	s —	s —	s –	s —	\$ <u> </u>	s —	\$ <u> </u>		\$ —	s <u> </u>		
		Subtotal ACA Risk Corridors Program	s –	s –	s –	s –	s –	s –	s –	ş <u> </u>	_	s –	s <u> </u>		
d.		al for ACA Risk Sharing visions	\$ 63,081,545	\$ <u> </u>	\$4,170,364	\$ <u> </u>	\$58,911,181	\$ <u> </u>	\$ 1,979,555	\$ 667,341		\$ 60,890,736	\$ 667,341		

Explanations of adjustments

A Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2017 Benefit Year."

B Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2017 Benefit Year."

C Not applicable.

D Not applicable.

E Not applicable.

F Not applicable.

G Not applicable.

H Not applicable.

I Not applicable.

J Not applicable.

#### NOTES TO FINANCIAL STATEMENTS

### (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Risk	Corridors Program Year	ar Accrued During the Prior Year on Business Written Before		th	Received or Paid as of the Current Year on Business Written				Differences			Adjustments					Unsettled Balances as of the Reporting Date			of the			
			Vritten cember Prior	31 of		Ве	fore Dec of the Pri	ember	31	A Pa	ior Year ccrued Less syments ol 1 - 3)	A Pa	or Year ccrued Less yments ol 2 - 4)	To Pri Year Balanc	.	To Pr Yea Balan	r		Bala: Pric	nulative nce fron or Years 11 - 3 + 7)	n	Cumul Balance Prior Y (Col 2 8)	e from Years - 4 +
			1	2	2		3	4			5		6	7		8				9		10	)
		Recei	ivable	(Pay	able)	Rec	eivable	(Paya	ble)	Re	ceivable	(Pa	ayable)	Receiva	ıble	(Payal	ble)	Ref	Rec	eivable		(Paya	ıble)
a.	2014																						
1.	Accrued retrospective premium	\$	_	S	_	\$	_	\$	_	\$	_	\$	_	\$	_	\$	_	A	\$	-	_	\$	_
2.	Reserve for rate credits for policy experience rating refunds	\$	_	s	_	s	_	\$	_	\$	_	s	_	\$	_	s	_	В	s	_		\$	_
b.	2015																						
1.	Accrued retrospective premium	\$	_	s	_	s	_	\$	_	\$	_	s	_	\$	_	\$	_	С	s	-	_	\$	_
2.	Reserve for rate credits for policy experience rating refunds	\$	_	\$	_	\$	_	\$	_	\$	_	s	_	\$	_	s	_	D	\$	_		s	_
c.	2016																						
1.	Accrued retrospective premium	\$	_	s	_	\$	_	\$	_	\$	_	s	_	\$	_	\$	_	Е	s	-	_	\$	_
2.	Reserve for rate credits for policy experience rating refunds	\$	_	\$	_	s	_	\$	_	\$	_	s	_	\$	_	\$	_	F	\$	_		\$	
d.	Total for Risk Corridors	s		s		s	_	s		s		s		S	_	S			s			S	

Explanations of adjustments

- A Not applicable.
- B Not applicable.
- C Not applicable.
- D Not applicable.
- E Not applicable.
- F Not applicable.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

#### (5) ACA Risk Corridors Receivable as of Reporting Date.

	Risk Corridors Program Year	be	1 nated Amount to Filed or Final ount Filed with CMS		2 Non-Accrued Amounts for pairment or Other Reasons	A	3 Amounts received from CMS	4 set Balance (Gross Non-admissions) (1 - 2 - 3)	5 Non-admitted Amount	6 Net Admitted (4 - 5)	Asset
a.	2014	\$	_	\$	_	\$	_	\$ 	\$ _	\$	_
b.	2015	\$	_	\$	_	\$	_	\$ _	\$ _	\$	
c.	2016	\$	8,305,585	\$	8,305,585	\$	_	\$ _	\$ _	\$	
d.	Total $(a + b + c)$	\$	8,305,585	\$	8,305,585	\$	_	\$ _	\$ _	\$	

24E(5)d (Columns 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Columns 6) should equal 24E(2)c1

#### 25. Change in Incurred Claims and Claim Adjustment Expenses

- **A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$17,493,794 during 2018. This is approximately 11.0% of unpaid claims and claim adjustment expenses of \$158,450,564 as of December 31, 2017. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2018. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- **B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

### 26. Intercompany Pooling Arrangements

# STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc. NOTES TO FINANCIAL STATEMENTS

### 27. Structured Settlements

Not applicable.

#### 28. Health Care Receivables

No significant change.

### 29. Participating Policies

Not applicable.

### **30. Premium Deficiency Reserves**

The Company recorded premium deficiency reserves of \$15,004,259 at June 30, 2018.

### 31. Anticipated Salvage and Subrogation

No significant change.

# **GENERAL INTERROGATORIES**

### PART 1 - COMMON INTERROGATORIES

#### **GENERAL**

1.1	Did the reporting entity experience any material transactions requiring Domicile, as required by the Model Act?		Yes	[ X	]	No [	]					
1.2	If yes, has the report been filed with the domiciliary state?							Yes	[ X	] [	No [	]
2.1	Has any change been made during the year of this statement in the creporting entity?	charter, by-laws, a	rticles of incorporation,	or deed of	settleme	nt of the		Yes	]	]	No [ ]	X ]
2.2	If yes, date of change:											
3.1	Is the reporting entity a member of an Insurance Holding Company S is an insurer?							Yes	[ X	] [	No [	]
3.2	Have there been any substantial changes in the organizational chart	since the prior qua	arter end?					Yes	. [	]	No [	X ]
3.3	If the response to 3.2 is yes, provide a brief description of those chan $\ensuremath{N/A}$	ges.										
3.4	Is the reporting entity publicly traded or a member of a publicly traded	I group?						Yes	[ X	] [	No [	]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) cod	e issued by the SI	EC for the entity/group	•			····		000	1156	6039	
4.1	Has the reporting entity been a party to a merger or consolidation du	ring the period co	vered by this statemen	it?				Yes	[	]	No [	X ]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation.	;										
	1 Name of Entity		2 NAIC Company Code	State of	3 Dominila							
	Name of Entity		NAIC Company Code	State of	Domicile							
5.	If the reporting entity is subject to a management agreement, includir in-fact, or similar agreement, have there been any significant change If yes, attach an explanation.	ng third-party adm es regarding the to	inistrator(s), managing erms of the agreement	general age or principal	ent(s), at s involve	torney- ed?	Yes [	]	No [	Х ]	N/A	[
6.1	State as of what date the latest financial examination of the reporting	entity was made	or is being made						12/3	31/2	2016	
6.2	State the as of date that the latest financial examination report becan date should be the date of the examined balance sheet and not the								12/	31/2	2013	
6.3	State as of what date the latest financial examination report became the reporting entity. This is the release date or completion date of th date).	e examination rep	oort and not the date of	the examin	ation (ba	lance sl	heet		10/:	21/2	2016	
6.4	By what department or departments?											
6.5	New York State Department of Financial Services  Have all financial statement adjustments within the latest financial ex statement filed with Departments?	amination report b	peen accounted for in a	a subsequer	nt financi	al	Yes [	]	No [	]	N/A	[ X ]
6.6	Have all of the recommendations within the latest financial examination	on report been co	mplied with?				Yes [	Χ]	No [	]	N/A	[
7.1	Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period?							Yes	. [	]	No [ ]	X ]
7.2	If yes, give full information:											
8.1	Is the company a subsidiary of a bank holding company regulated by	the Federal Rese	rve Board?					Yes	[	] [	No [	X ]
8.2	If response to 8.1 is yes, please identify the name of the bank holding	g company.										
8.3	Is the company affiliated with one or more banks, thrifts or securities	firms?						Yes	]	] [	No [ ]	X ]
8.4	If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission (FDIC) (FDI	he Office of the Co	omptroller of the Curre	ncy (OCC),	the Fede	eral Dep						
	1		2		3	4	5		6	]		
	Affiliate Name	Lo	cation (City, State)		FRB	OCC	FDIC	<u> </u>	EC	1		

# **GENERAL INTERROGATORIES**

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controlle similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	rsonal and professional	Yes [ X ] No [ ]
9.11	If the response to 9.1 is No, please explain:		
9.2	Has the code of ethics for senior managers been amended?		Yes [ X ] No [ ]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).  Administrative changes were made in February 2018 to update the President & CEO letter, and to clarify our sexu-	al harassment policy	
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes [ ] No [ X ]
	FINANCIAL		
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statemen If yes, indicate any amounts receivable from parent included in the Page 2 amount:		
	INVESTMENT  Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or o use by another person? (Exclude securities under securities lending agreements.)  If yes, give full and complete information relating thereto:		Yes [ ] No [ X ]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$_	
13.	Amount of real estate and mortgages held in short-term investments:		
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes [ ] No [ X ]
14.2	If yes, please complete the following:	4	0
		1 Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
	Bonds		\$0
	Preferred Stock Common Stock		\$0
	Short-Term Investments		\$0 \$0
	Mortgage Loans on Real Estate		\$0
	All Other		\$0
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		\$0
	Total Investment in Parent included in Lines 14.21 to 14.26 above		\$
	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		

## **GENERAL INTERROGATORIES**

16.	For the reporting entity's secu	rity lending pro	ogram, state the amount of the	e follo	owing as of the c	urrent stateme	nt date:		
	16.1 Total fai	r value of rein	vested collateral assets report	ed or	n Schedule DL, I	Parts 1 and 2.		\$	4,495,665
	16.2 Total bo	ok adjusted/ca	arrying value of reinvested coll	latera	al assets reporte	d on Schedule	DL, Parts 1 and 2	\$	4,493,970
							······		
17. 17.1	offices, vaults or safety depo custodial agreement with a c	sit boxes, were ualified bank of ions, Custodia	e all stocks, bonds and other soor trust company in accordance or Safekeeping Agreements	secur ce wit of the	rities, owned thro th Section 1, III - le NAIC Financia	ughout the cur General Exam I Condition Exa	nination Considerations, F. aminers Handbook?		[X] No[]
		1					2		
	Nar	ne of Custodia	an(s)	000	14 1: A N	Custodi	ian Address 179		
	JP Morgan Chase Bank, N.A.			383	Madison Ave, Ne	w York, NY 10	1/9		
17.2	For all agreements that do no location and a complete exp		the requirements of the NAIC	Finan	ncial Condition E	xaminers Hand	dbook, provide the name,		
	1 Name(s)		2 Location(s)			Comple	3 te Explanation(s)		
17.3 17.4	Have there been any changes If yes, give full information rela		me changes, in the custodian(	s) ide	entified in 17.1 d	uring the curre	nt quarter?	Yes [	] No [ X ]
	1		2		3		4		
	Old Custodian		New Custodian		Date of Cha	nge	Reason		
	Anthem, Inc	nme of Firm or ment, LLC duals listed in ") manage mo	Individual  the table for Question 17.5, d re than 10% of the reporting entity (i.e. desi	o any	2 Affiliation I. U. U. Virms/individual s assets?			. Yes	[X] No[]
17.6	total assets under m	anagement ag	gregate to more than 50% of t	the re	eporting entity's a	ssets?	ated), provide the information for		[ X ] No [ ]
	1		2			3	4		5
	Central Registration Depository Number		ame of Firm or Individual			dentifier (LEI)			Investment Management Agreement (IMA) Filed
	107717	MacKay Shiel	ds LLC		549300Y7LLC0FU	J7R8H16	Securities Exchange Commission	n	NO
	113878 McDonnell Investment Management,		vestment Management, LLC				Securities Exchange Commission	n	NO
18.1 18.2		•			•		ce been followed?		
19.	b. Issuer or obligor is curr	eary to permit a rent on all cont	orting entity is certifying the foll a full credit analysis of the sec tracted interest and principal p n of ultimate payment of all co	urity o	does not exist. ents.		nated 5*GI security:	V	

# **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

#### 1. Operating Percentages:

	1.1 A&H loss percent		
	1.2 A&H cost containment percent		2.1 %
	1.3 A&H expense percent excluding cost containment expenses		11.6 %
2.1	Do you act as a custodian for health savings accounts?		Yes [ ] No [ X ]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	.\$	
2.3	Do you act as an administrator for health savings accounts?		Yes [ ] No [ X ]
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?		Yes [ X ] No [ ]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?		Yes [ ] No [ ]

Showing All New Reinsurance	Treaties - Current Year to Date
-----------------------------	---------------------------------

Showing All New Reinsurance Treaties - Current Year to Date           1         2         3         4         5         6         7         8         9												
1	2	3 4	5	6	7	8 Certified	9 Effective Date of					
NAIC Company Code	ID	Effective	Domiciliary	Type of Reinsurance		Reinsurer Rating	Certified Reinsurer					
Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Rating					
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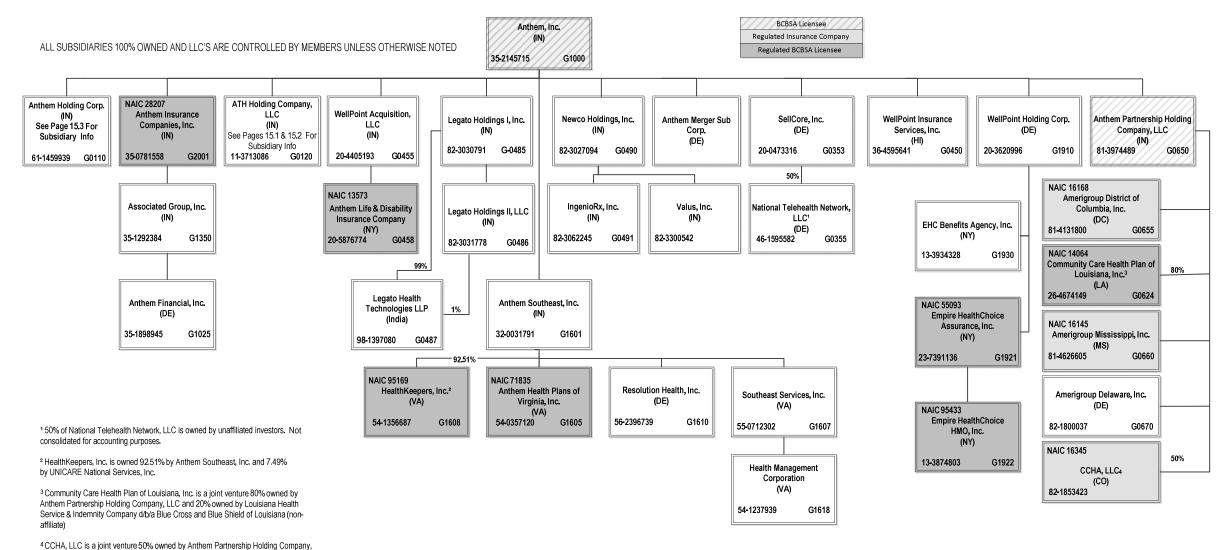
# **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

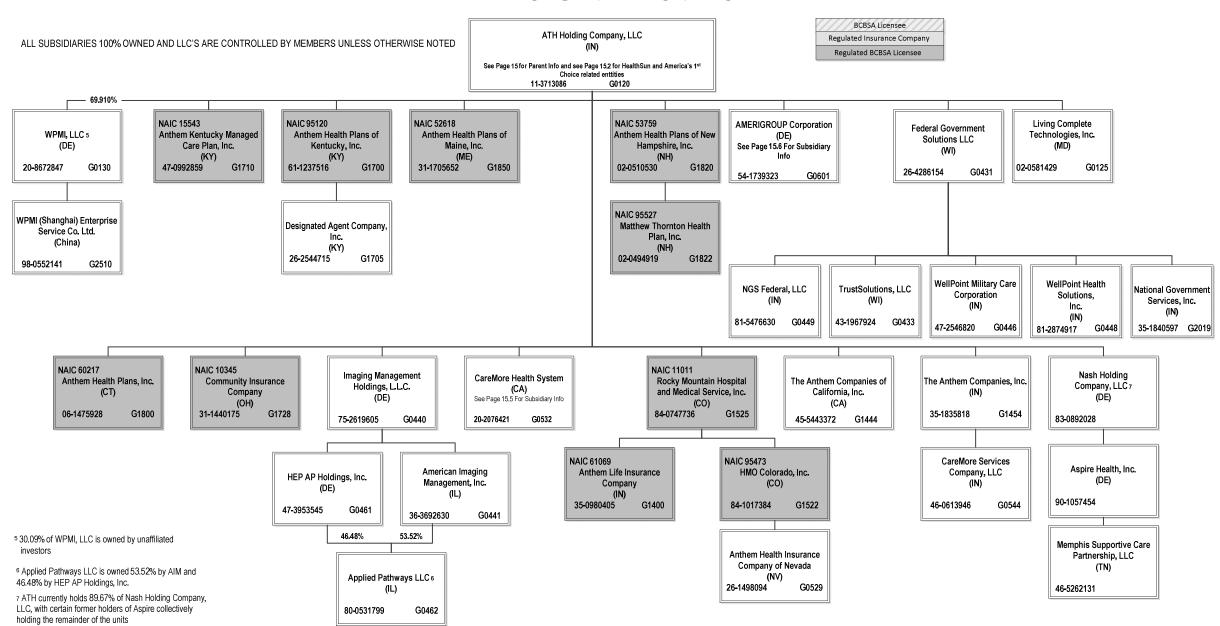
1		1		Current Year to Date - Allocated by States and Territories  Direct Business Only									
			1	2	3	4	Direct Bus 5	iness Only 6	7	8	9		
			Active	Accident and			Federal Employees Health Benefits	Life and Annuity Premiums &	Property/	Total			
	States, etc.		Status (a)	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Program Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts		
1.	Alabama A	L .	N							0	20		
2.	Alaska A		N							0			
3.	Arizona A		N							0			
4. 5.	Arkansas A California C		NNN.							0			
6.	Colorado C		NN.							0			
	Connecticut C	_	N							0			
8.	Delaware D		N							0			
9.	District of Columbia . D		N							0			
10. 11.	Florida Fl Georgia G		NNNN							0			
12.	Hawaii H		NN.							0			
13.	Idaho ID		N							0			
14.	Illinois IL		N							0			
15.	Indiana IN		N.	<b></b>						0			
16. 17.	lowa IA	- [	NNNN					l		0	l		
18.	Kentucky K	_	NN.							0			
19.	Louisiana L		N							0			
20.	Maine M		L	0	27,693,731					27,693,731			
	Maryland M		N.	<b></b>						0			
22. 23.	Massachusetts M Michigan M		NNN					1					
24.	Minnesota M		N							0			
25.	Mississippi M		N							0			
26.	Missouri M	-	N							0			
27.	Montana M		N.							0			
28. 29.	Nebraska N		NNNN							0			
	New Hampshire N		NN.							0			
31.	New Jersey N	IJ	N							0			
	New Mexico N		N							0			
	New York N		L	64,011,547	405,577,077					469,588,624			
34. 35.	North Carolina N North Dakota N		NN.							0			
	Ohio O		NN.							0			
37.	_	K .	N							0			
38.	Oregon O		N	<b>-</b>						0			
39. 40.	Pennsylvania P. Rhode Island R		NNN	<del> </del>				l		0			
	Rhode Island R South Carolina S		NNN.	<del> </del>						0	·		
42.	South Dakota S		N							0			
43.	Tennessee Ti		N.							0			
44.	Texas T		N							0			
45. 46	Utah U	- 1	N							0			
46. 47.	Vermont V		N N	<del> </del>				l		U			
1	Washington W		NN.	<u> </u>						0			
49.	West Virginia W		N							0			
50.	Wisconsin W		N							0			
51. 52.	Wyoming W American Samoa A		NN							0			
52. 53.	Guam G	-	NN.							n			
54.	Puerto Rico P	_	N							0			
	U.S. Virgin Islands $$		N	ļ						0			
56.	Northern Mariana Islands M	1D	N							0			
57.	Canada C		NN.							0			
58.	Aggregate Other			_		-		_		_	_		
59.	Aliens O Subtotal		XXX	0 64,011,547	0	0 0	0 0	0 0	0 0	497,282,355	0		
60.	Reporting Entity Contributions for Empl		XXX	04,VII, 04/	<del>1</del> 00,210,000	U	υ	υ	U	497,282,355	υ		
61.	Benefit Plans Totals (Direct Business	)	XXX	64,011,547	433,270,808	0	0	0	0	497,282,355	0		
	DETAILS OF WRITE-IN	,		5.,511,011	.55,275,000	<u> </u>	J	J	J	.0.,202,000			
58001.			XXX	-									
58002. 58003.			XXX	-									
58998.	Summary of remaining												
58999.	write-ins for Line 58 from overflow page Totals (Lines 58001 thro		XXX	0	0	0	0	0	0	0	0		
(a) Active	58003 plus 58998)(Line above) e Status Counts:		XXX	0	0	0	0	0	0	0	0		
1 1 1	censed or Chartered - Lic	20000	d Ingurance o	arrior or dominila	4 DDC		1 D Dogio	stered - Non-dom	iciled DDCs	0			

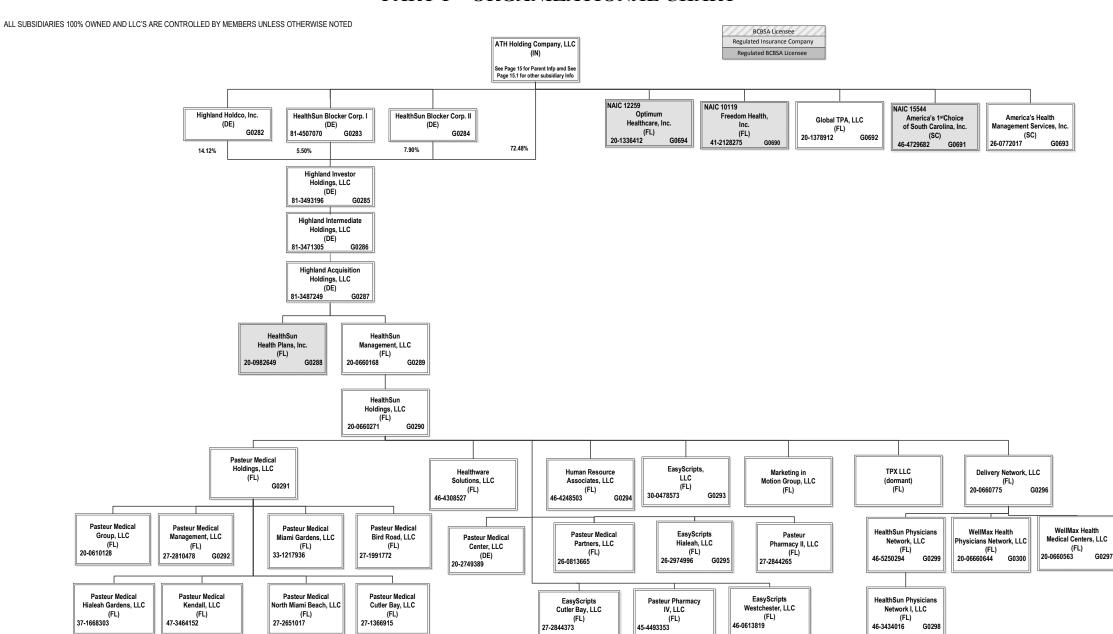
Active Status Counts.	
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG2	R - Registered - Non-domiciled RRGs
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer.
N. None of the above. Not allowed to write business in the state.	

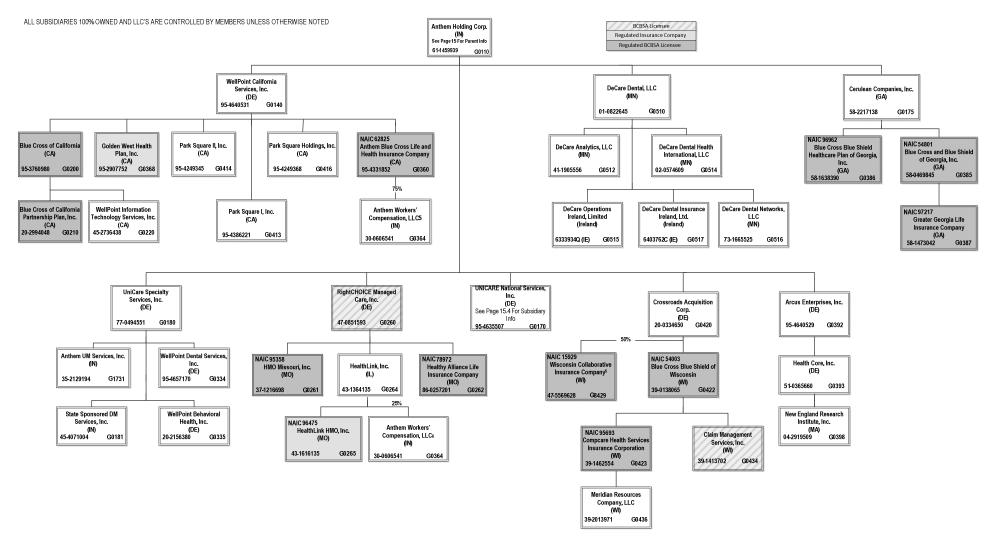
LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

#### STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc.



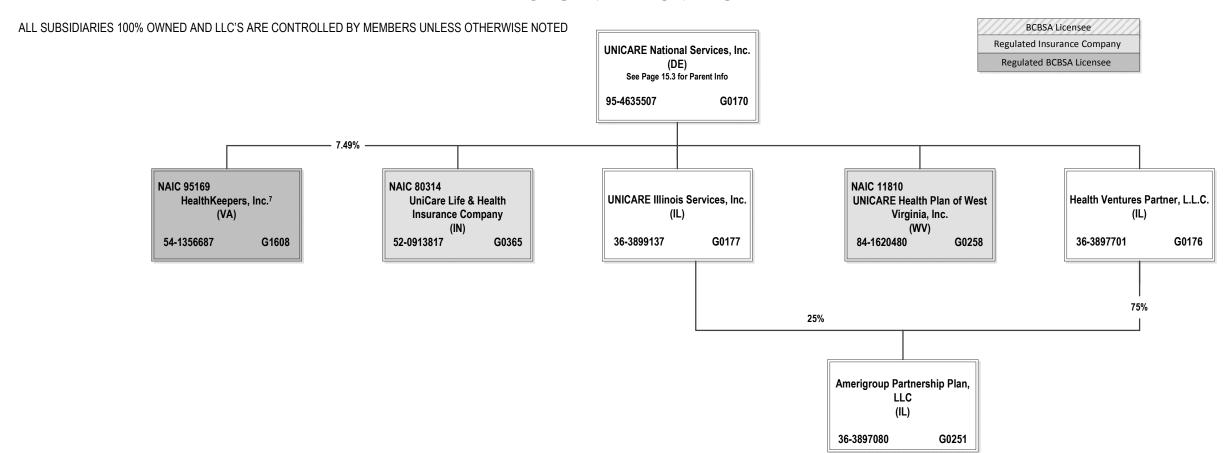




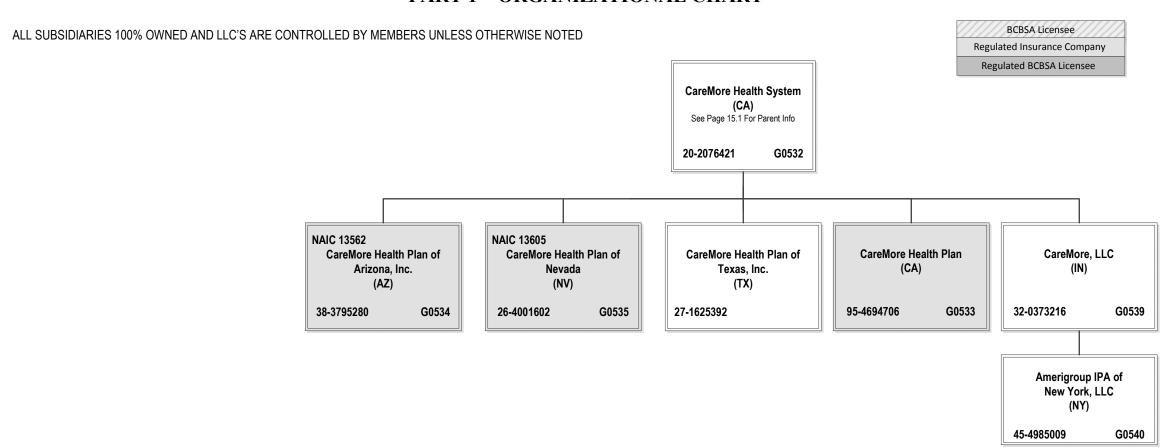


<sup>&</sup>lt;sup>5</sup> 50% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

<sup>&</sup>lt;sup>6</sup> Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

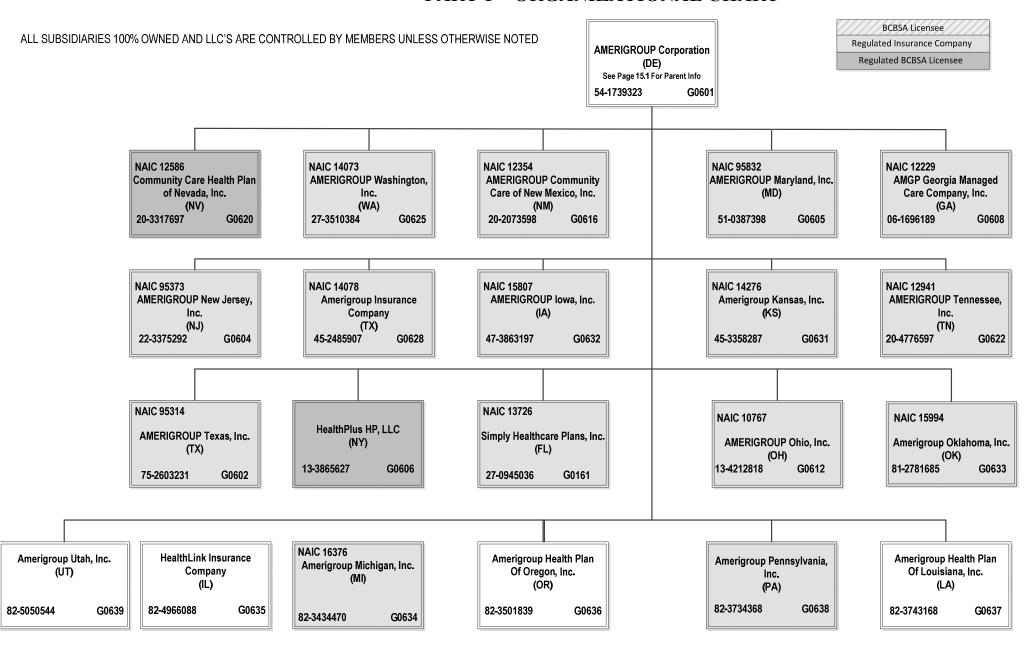


<sup>&</sup>lt;sup>7</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.



15.6

#### STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc.



# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				FA		A - DL I AI	L OF INSURANC	/L I	IOLD	HING COMPAINT	SISILIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem. Inc.	Code	36-3692630	nood	0001156039	international)	American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership.	100.000	Anthem. Inc.	(1/1 <b>V</b> )	
00/1	Arrthem, mc.		30-3092030		0001130039		America's 1st Choice of South Carolina, Inc.	L	NI A	I maying management nordings, L.L.C.	. Owner Strip		Anthell, Inc.	N	
0671	Anthem, Inc.	15544	46-4729682		0001156039		America's 1st onotice of South Caroffila, Inc.	SC	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		26-0772017		0001156039		America's Health Management Services, Inc	SC	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Tarthom, Tho.	-	20 0112011		0001100000		AMERIGROUP Community Care of New Mexico, Inc.			Tribitaring company, LEC	owner on p		7,11110111, 1110.		
0671	Anthem. Inc.	12354	20-2073598		0001156039		Time trained community date of the montree, the	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Corporation	DE	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-1800037		0001156039		AMERIGROUP Delaware, Inc	DE	NI A	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3743168		0001156039		Amerigroup Health Plan of Louisiana, Inc	LA	NI A	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3501839		0001156039		Amerigroup Health Plan of Oregan, Inc.	0R	NI A	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.	14078	45-2485907		0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NI A	CareMore, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		82-3434470		0001156039		Amerigroup Michigan, Inc.	MI	IA	AMERIGROUP Corporation	. Ownership	100.000	Anthem, Inc.	N	
0671 0671	Anthem, Inc.		81-4626605 22-3375292		0001156039		Amerigroup Mississippi, Inc.	MS NJ	IAIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem. Inc.	NNNNNN	
	Anthem, Inc.		13-4212818		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		81-2781685		0001156039	***************************************	AMERIGROUP Ohio, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.		
0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	N	
0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL.	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.		
0671	Anthem, Inc.		82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	25.000	Anthem, Inc.		
0671	Anthem. Inc.		20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100 000	Anthem Inc	N	
0671	Anthem. Inc.		75–2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA.	AMERIGROUP Corporation	Ownership	100.000	Anthem. Inc.		
0671	Anthem. Inc.		27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership.	100.000	Anthem, Inc.		
0671	Anthem, Inc.		82-5050544		0001156039		AMERIGROUP Utah, Inc.	UT	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc	GA	IA	AMERIGROUP Corporation	0wnership	100.000	Anthem, Inc.	N	
							Anthem Blue Cross Life and Health Insurance				·				
0671	Anthem, Inc.	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NI A	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		26-1498094		0001156039		Anthem Health Insurance Company of Nevada	NV	NI A	HMO Colorado, Inc.	. Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	Y	0108
0671	Anthem, Inc.		31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		02-0510530 54-0357120	40003317	0001156039		Anthem Health Plans of New Hampshire, Inc.	NH	IAIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		54-035/120 06-1475928	4000331/	0001156039		Anthem Health Plans of Virginia, Inc	VA	IA IA	Anthem Southeast, Inc.	Ownership.	100.000	Anthem, Inc.	NN.	
u6/1 0671	Anthem, Inc.		61-1459939		0001156039		Anthem Holding Corp.	IUI	NIA	Anthem. Inc.	Ownership.	100.000	Anthem, Inc.		
1 100	Antinon, mc.	-	01-1403303		6600611000	New York Stock Exchange	Antinal notating corp.	INC	NIA	Antinom, inc.	owner sittp		Antinen, Mic.	NL	
0671	Anthem. Inc.	1	35-2145715		0001156039	(NYSE)	Anthem. Inc.	IN	UIP				Anthem. Inc.	N	
0671	Anthem, Inc.	28207	35-0781558		0001156039	(IIIOL)	Anthem Insurance Companies, Inc.	IN	IA	Anthem. Inc.	Ownership	100.000	Anthem, Inc.		0108
0671	Anthem. Inc.		47-0992859		0001156039		Anthem Kentucky Managed Care Plan. Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem. Inc.	N	
										Rocky Mountain Hospital and Medical					
0671	Anthem, Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.				0001156039		Anthem Merger Sub Corp.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	NI A	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	IN	NI A	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		35-2129194		0001156039		Anthem UM Services, Inc.	IN	NI A	UNICARE Specialty Services, Inc	Ownership	100.000	Anthem, Inc	N	
		1								Anthem Blue Cross Life and Health Insurance					
0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NI A	Company	Ownership		Anthem, Inc.	N	
0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	N	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				PA	KI I	A - DE I AI	L OF INSURANC		JOLL	ING COMPANY	2121EM				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filina	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	quired?	,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0000	Group Hamo	0000	Hamboi	ПООВ	Ont	intornationary	Of Fillington	11011	Linkly	American Imaging Management, Inc./HEP AP	Otilol)	tago	Entity (188)/1 erden(6)	(1/14)	+
0671	Anthem. Inc.				0001156039		Applied Pathways, LLC	IL	NIA	Holdings. Inc.	Ownership	100.000	Anthem. Inc.	N	0107
	Anthem. Inc.	-	95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N.	
0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NI A	Nash Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NI A	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 11-3713086		0001156039		ATH Holding Company, LLC	IN	NI A	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	54801	58-0469845		0001156039		Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
							Blue Cross Blue Shield Healthcare Plan of								
	Anthem, Inc.	96962	58-1638390		0001156039		Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	Y	
0671	Anthem, Inc.	-	95-3760980	-	0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	0101
0671	Anthem. Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan,	CA		Blue Cross of California	Ownership	100.000	Anthem. Inc.	N	0102
0671 	Anthem. Inc.	-	95-4694706		0001156039		IncCareMore Health Plan	_	I A	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	0102
0671	Anthem. Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem. Inc.	N	0103
	Anthem. Inc.		26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem. Inc.	N	
	Anthem. Inc.		32-0373216		0001156039		CareMore. LLC	IN	NI A.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N.	
	Anthem. Inc.		20-2076421		0001156039		CareMore Health System	CA	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		46-0613946		0001156039		CareMore Services Company, LLC	IN	NI A	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
1671	Anthem, Inc.	16345			0001156039		CCHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	0107
							Community Care Health Plan of Louisiana, Inc								
0671	Anthem, Inc.	14064	26-4674149		0001156039			LA	IA	Anthem Partnership Holding Company, LLC	. Ownership	80.000	. Anthem, Inc.	N	0109
	Anthem, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	10345	31–1440175		0001156039		Community Insurance Company	OH	I A	ATH Holding Company, LLC	. Ownership	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	95693	39-1462554		0001156039		Composation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem. Inc.	N	
	Anthem. Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem. Inc.	N.	
	Anthem. Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental LLC	Ownership	100.000	Anthem. Inc.		
0671	Anthem. Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NI A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NI A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		. 01-0822645		0001156039		DeCare Dental, LLC	MN	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	-	-		0001156039		DeCare Operations Ireland, Limited	IRL	NI A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	-	. 20-0660775		0001156039		Delivery Network, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	.	. 26-2544715	-	0001156039		Designated Agent Company, Inc.	KY	NI A	Anthem Health Plans of Kentucky, Inc	. Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	-	37-1668303		0001156039		EasyScripts Hialeah, LLCEasyScripts LLC	FL	NIA	HealthSun Holdings, LLC HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N N	
	Anthem, Inc.	-	. 46-0613819		0001156039		EasyScripts UC	FL	NIA	HealthSun Holdings, LLC HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	1
	Anthem, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem. Inc.	N	
	Anthem. Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	UDP	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	1
	Anthem. Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	RE	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem. Inc.	N	1
	Anthem, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NI A	ATH Holding Company, LLC	Ownership.	100.000	Anthem. Inc.	N	.]
.0671	Anthem, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		20-1378912		0001156039		Global TPA, LLC	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	0104
									1	Blue Cross and Blue Shield of Georgia, Inc				1	1
.0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA		Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NI A	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.	-	54-1237939		0001156039		Health Management Corporation	VA	NI A	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		. 36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NI A	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	

# SCHEDULE Y

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	1
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	1
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	N	
0671	Anthem, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc	Ownership	7.490	Anthem, Inc.	N	
0671	Anthem, Inc.	96475	43-1616135		0001156039		HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		43-1364135 82-4966088		0001156039		HealthLink, Inc HealthLink Insurance Company	IL IL	NI A NI A	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		13-3865627		0001156039		HealthPlus HP, LLC	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	NNN	0100
0671	Anthem. Inc.		81-4507070		0001156039		HealthSun Blocker Corp. I	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	0100
0671	Anthem. Inc.		81-4496643		0001156039		HealthSun Blocker Corp. II	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	1
0671	Anthem, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0660271		0001156039		HealthSun Holdings, LLC	FL	NI A	HealthSun Management, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0660168		0001156039		HealthSun Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NI A	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		46-3434016		0001156039		HealthSun Physicians Network I, LLC	FL	NI A	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	78972	. 46-4308527 . 86-0257201		0001156039		Healthware Solutions, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N N	
0671	Anthem, Inc.		47-3953545		0001156039		Healthy Alliance Life Insurance Company HEP AP Holdings, Inc.	DE	IA NIA	RightCHOICE Managed Care, Inc Imaging Management Holdings, L.L.C	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-3867547		0001156039		Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		81-3487249		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem. Inc.		81-3471305		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
										Rocky Mountain Hospital and Medical					
0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	Y	0108
0671	Anthem, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.				0001156039		Human Resource Associates, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		75-2619605 82-3062245		0001156039		Imaging Management Holdings, L.L.C.	DE	NI A NI A	ATH Holding Company, LLC Newco Holdings, Inc.	Ownership	100.000	Anthem, Inc.	NNN	
0671	Anthem, Inc.		82-3062245		0001156039		IngenioRX, Inc.	N	NIA NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.		0110
0671	Anthem. Inc.		82-3030791		0001156039		Legato Holdings I, Inc.	IN	NIA	Anthem. Inc.	Ownership	100.000	Anthem, Inc.	N	0110
0671	Anthem. Inc.		82-3031178		0001156039		Legato Holdings II, Inc.	IN	NIA	Legato Holdings I, Inc.	Ownership.	100.000	Anthem. Inc.	N	
0671	Anthem, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.				0001156039		Marketing in Motion Gorup, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
										Anthem Health Plans of New Hampshire, Inc.					
0671	Anthem, Inc.		02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		46-5262131		0001156039		Memphis Supportive Care Partnership, LLC	TN	NI A	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem. Inc.	1	39-2013971	1	0001156039		Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	WI DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		0111
0671	Anthem, Inc.		35-1840597		0001156039		National Government Services, Inc.	DE	NIA	Federal Government Solutions, LLC	Owner ship	100.000	Anthem, Inc.	NN	
0671	Anthem. Inc.		46-1595582	]	0001156039		National Telehealth Network, LLC	DE	NIA	Sellcore. Inc.	Ownership.	50.000	Anthem, Inc.	N	0105
0671	Anthem, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	MA	NI A	Health Core, Inc.	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		82-3027094		0001156039		Newco Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		81-5476630		0001156039		NGS Federal, LLC	IN	NI A	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4249368	-	0001156039		Park Square Holdings, Inc.	CA	NI A	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		95-4386221		0001156039		Park Square I, Inc.	CA	NIA NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc		. 95-4249345 27-1991772		0001156039		Park Square II, Inc.	CA   FL	NIA	WellPoint California Services, Inc Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	NN	
0671	Anthem, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	FL DE	NIA NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem. Inc.		
0671	Anthem. Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	bE	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	FL	NI A	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		45-1616220		0001156039		Pasteur Medical Holdings, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NI A	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	1

### SCHEDULE Y

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
-	_		-	•			_	_			Type	If		'	
											of Control	Control			
											(Ownership.	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NIAIO					N f							9	
_		NAIC	ID.			if Publicly Traded	Names of	ciliary	to	D: " O . " !!	Attorney-in-Fact,	Provide	1.1112	Re-	.
Group		Company	, ID	Federal	0117	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	_
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	
0671	Anthem, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NI A	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	\!	
0671	Anthem, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	FL	NI A	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	!	
0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		27-2844265		0001156039		Pasteur Pharmacy II, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		45-4493353		0001156039		Pasteur Pharmacy IV, LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NI A	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N!	
0074			04 0747705				Rocky Mountain Hospital and Medical Service,					400.005	l	l '	
0671	Anthem, Inc.	11011	84-0747736		0001156039		Inc	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NI A	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.		
0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	VA	NI A	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored DM Services, Inc.	IN	NI A	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		35-1835818		0001156039		The Anthem Companies, Inc.	IN	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc	CA	NI A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.				0001156039		TPX LLC	FL	NI A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NI A	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.	11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	\!	
0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NI A	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	!	
.0671	Anthem, Inc.		82-3300542		0001156039		UNICARE Specialty Services, Inc.	DE	NI A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	!	
0671	Anthem, Inc.		20-0660563		0001156039		Valus, Inc.	IN	NI A	IngenioRX, Inc.	Ownership	100.000	Anthem, Inc.		
.0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Medical Centers, LLC	FL	NI A	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	!	
	Anthem, Inc.		36-4014617		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		20-2156380		0001156039		WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N!	
.0671	Anthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
0671	Anthem, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	UIP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N!	
		1	45 0700405				WellPoint Information Technology Services,	١		la	l	400.005	l	l '	
0671	Anthem, Inc.		45-2736438		0001156039		Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N!	
.0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N!	
	Anthem, Inc.	45000	47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N!	
.0671	Anthem, Inc.	15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	50.000	Anthem, Inc.	N!	0107
0671	Anthem, Inc.		98-0552141		0001156039		WPMI (Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.000	Anthem, Inc.	N!	
0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NI A	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc	N!	0106

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the New York State Department of Health.
0101	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Compnay Code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0104	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0105	. 50% owned by unaffiliated investors
0106	30.09% owned by unaffiliated investors
0107	50% owned by an unaffiliated investor
0108	Received exemption from domestic regulator
0109	20% owned by an unaffiliated investor

Asteris	Sk Explanation
0110	Legato Health Technologies LLP is a Limited Liabilty Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company.
0111	ATH Holding Company, LLC holds an 89.67% ownership interest with certain former holders of Aspire Health, Inc. collectively holding the remainder of the shares

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	Explanation:	
1.		
1.	Bar Code:  Medicare Part D Coverage Supplement [Document Identifier 365]	

# **OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

Addition	Additional Write-ins for Assets Line 25							
			Current Statement Date					
		1	2	3				
				Net Admitted Assets	Prior Year Net			
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets			
2504.	City Income Tax Recoverable	4, 134, 880	0	4, 134, 880	0			
2505.	Medicare Receivables	1,920,452	0	1,920,452	1,413,548			
2506.	Prepaid Expenses		2,256,246	959,814	771,872			
2507.	Blue Card Receivables	184,444	177,452	6,992	6,131			
2508.	Miscellaneous Receivables	6,853	6,853	0	0			
2597.	Summary of remaining write-ins for Line 25 from overflow page	9,462,689	2,440,551	7,022,138	2,191,551			

			Current Period			
		1	2	3	4	
		Covered	Uncovered	Total	Total	
2304.	Accounts Payable - Miscellaneous	863,806		863,806	271,618	
2305.	Out of Area Program Payable	273,256		273,256	306,026	
	Cost sharing reduction liability	12,407		12,407	81,680	
2397.	Summary of remaining write-ins for Line 23 from overflow page	1,149,469	0	1,149,469	659,324	

#### **SCHEDULE A - VERIFICATION**

Real Estate

		1	2
		•	Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted yill ya		
7.	Deduct current year's other than temporary impair ent rate and zed		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

	Mongage Loans	1	2
		'	Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals	-	
8.	Deduct amortization of premium and mortgage in the state of the land ammitment less than the state of the sta	-	
9.	Total foreign exchange change in book value/recased in the selection cluding a fuer steel teres	-	
10.	Deduct current year's other than temporary impalent recent zed		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

#### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

#### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

			_
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	364,393,290	408,710,903
2.	Cost of bonds and stocks acquired	58,204,096	109,054,150
3.	Accrual of discount	205,203	242,544
4.	Unrealized valuation increase (decrease)	113,269	(32,049)
5.	Total gain (loss) on disposals	(818,059)	1,227,030
6.	Deduct consideration for bonds and stocks disposed of	95,423,700	150,720,653
7.	Deduct amortization of premium	1,672,439	4,088,635
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	325,001,660	364,393,290
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	325,001,660	364,393,290

# **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Buili	ng the Current Quarter to	2	3	4	5	6	7	8
	Book/Adjusted	A i - i ti	Discontinuo	Non-Trading Activity	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value Beginning	Acquisitions During	Dispositions During	During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	259,935,635	33,233,622	41,855,995	(6,687,870)	259,935,635	244,625,392	0	266,413,722
2. NAIC 2 (a)	105,216,594	5,048,696		` ' ' '	105,216,594	77,500,003	0	95,887,561
3. NAIC 3 (a)	723,670	0	0	(2,756)	723,670	720,914	0	819,757
4. NAIC 4 (a)	793,311	0	40,005	` ' '	793,311	754.609	0	
5. NAIC 5 (a)	1,358,000			42.742	1.358.000	1.400.742	0	1,272,250
	1,338,000			42,742	1,358,000	1,400,742	0	1,272,230
6. NAIC 6 (a)		00 000 010	00.050.400	(055, 700)		005.004.000		004 000 000
7. Total Bonds	368,027,210	38,282,318	80,652,162	(655,706)	368,027,210	325,001,660	0	364,393,290
PREFERRED STOCK								
8. NAIC 1	0				0	0		0
9. NAIC 2	0				0	0		0
10. NAIC 3	0				0	0		0
11. NAIC 4					0	0		0
12. NAIC 5					0	0		0
13. NAIC 6	0				0	0		0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
	368,027,210	38,282,318	80,652,162	(655,706)	368,027,210	325,001,660	0	364,393,290
15. Total Bonds and Preferred Stock	300,027,210	30,202,318	80,832,182	(005,706)	300,UZ1,Z1U	3∠3,001,660	Ü	304,393,290

	Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC design	anatio
--	---	--------

#### **SCHEDULE DA - PART 1**

	Short-Te	erm Investments			
	1 Book/Adjusted	2	3	4 Interest Collected	5 Paid for Accrued Interest
	Canng Val	Palue	ost	Year-to-Date	Year-to-Date
9199999 Totals					
	V				

# **SCHEDULE DA - VERIFICATION**

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	3,317,389
2.	Cost of short-term investments acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	0	(899)
6.	Deduct consideration received on disposals	0	311,238,149
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	0

# Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts  ${f N}$   ${f O}$   ${f N}$   ${f E}$ 

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

# **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	(Oddii Equivalenta)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	3,543,948	
2.	Cost of cash equivalents acquired	15,646,238	18,396,818
3.	Accrual of discount	8,428	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(22)	
6.	Deduct consideration received on disposals	19, 198, 592	14,852,870
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	3,543,948
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	3,543,948

# Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **NONE** 

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE** 

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

# **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

Number of Shares of Shar	· · · · · · · · · · · · · · · · · · ·				Long-Term Bonds and Stock Acquired Duning the Current Quarter			_		
Dispress	1	2	3	4	5	6	7	8	9	10
CUSIF    Description   Persign   Date   Persign   Date   Persign   Date   Persign   Date   Persign   Per										3
CUSIF    CHEENING   Period										nation or
						Number of			Paid for Accrued	Market
March   Mart	CUSIP			Date		Shares of			Interest and	Indicator
2499999, Subtotal - Bonds - U.S. Political Subcivisions of States, Territories and Possessions  117,655  119,000  119,00	Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	(a)
2015-9-1-4	416415-BW-6	HARTFORD CT SERIES A 5.000% 04/01/23		04/25/2018	Stifel Nicolaus & Co		117,405	110,000	397	1FE
1359-942   Wells GPT IT IN THE RC   0.500 10.01141   DAVIS 10.001   DAVIS 10.00	2499999. Subt	otal - Bonds - U.S. Political Subdivisions of States, Territories and Posses	ssions				117,405	110,000	397	XXX
Miles Cent   Mail Col   Mail Co							2,100,000	2,100,000		
Page-1-19   Massociation   1	41315R-GU-2									
	414010-AA-6									
286-E-W-1   SET TRANSPIR MUTH W SP. (26.6 3.21% 07/01/26   9.51% 07/01/2									742	
1972-29-0-3   SUN DATE   ST FORM SUN   ST	576049-YH-7	MASSACHUSETTS ST WTR RES AUTH SERIES C 1.420% 08/01/20			Barclays				0	
\$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$189999   \$1899999   \$1899999   \$18900   \$1									3,958	
1385-04-1				05/31/2018	Merrill Lynch Pierce Fenner			, ,	0	
2009FF-19   ATS   104   4,900 (06/14/37)										
Septi-Mark   2										
Park   Section   1									1,047	
2867-184-   CITTIENTP NC 3-522-07/07/26									0	
MAIST   MAIS	07274N-AG-8	BAYER US FINANCE II LLC SERIES 144A 3.351% 12/15/23							٥	
MADE   12   13   13   13   13   13   13   13									0	
CASE-CL-3   CENERAL NOTICE FIN. CO 3 .550 No.400/21   JP Norgan									0	
Statistics   Sta									0	
S884_T-9   JACKSN NAT LIFE GLORAL SERIES 144. 2 90% 06/11/21   D5/08/2018   Soldman Sachs & Co.   1,500,000   1,500,000   1,500,000   0,000   1,500,000   0,000   0,000   1,500,000   0,000			-						0	
VERIZIN COMMUNICATIONS 3.443% 60/518/75									0	
1142-FH-2	46849L-1A-9	JACKSON NAI LIFE GLOBAL SERIES 144A 2.807% 06/11/21							0	
1,478,488										
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)       20,023,323       19,975,000       14,627       XXX         38399997. Total - Bonds - Part 3       25,997,664       25,895,000       20,484       XXX         38399999. Total - Bonds - Part 5       XXX       XXX       XXX       XXX         3899999. Total - Bonds       25,997,664       25,895,000       20,484       XXX         3899999. Total - Bonds       25,997,664       25,895,000       20,484       XXX         3899999. Total - Preferred Stocks - Part 3       0       XXX       XXX       XXX       XXX         3899999. Total - Preferred Stocks - Part 5       XXX       XXX       XXX       XXX         3899999. Total - Preferred Stocks - Part 3       0       XXX       0       XXX         39799999. Total - Common Stocks - Part 3       XXX       XXX       0       XXX         39799999. Total - Common Stocks - Part 3       XXX       XXX       XXX       XXX         39799999. Total - Common Stocks - Part 3       XXX       XXX       XXX       XXX         39799999. Total - Common Stocks - Part 3       XXX       XXX       XXX       XXX         39799999. Total - Common Stocks - Part 3       XXX       XXX       XXX       XXX <tr< td=""><td></td><td></td><td></td><td></td><td>Salomon Bros</td><td></td><td></td><td></td><td>U</td><td></td></tr<>					Salomon Bros				U	
25,997,654   25,835,000   20,484   XXX   25,997,654   25,835,000   20,484   XXX   25,999999. Total - Bonds - Part 5   XXX			V				,,			
XXX							, ,,,,,			
Say									,	
899997. Total - Preferred Stocks - Part 3 899998. Total - Preferred Stocks - Part 5 8999999. Total - Preferred Stocks - Part 5 8999999. Total - Preferred Stocks 8999999. Total - Preferred Stocks 8999997. Total - Common Stocks - Part 3 8999997. Total - Common Stocks - Part 3 8999998. Total - Common Stocks - Part 5 899999. Total - Common Stocks - Part 5 899999. Total - Common Stocks 899999. Total - Preferred and Common Stocks										
Supply 8. Total - Preferred Stocks - Part 5   XXX							25,997,654		20,484	
9999999. Total - Preferred Stocks 9799997. Total - Common Stocks - Part 3 9799998. Total - Common Stocks - Part 5 9799999. Total - Common Stocks - Part 5 9799999. Total - Common Stocks - Part 5 9799999. Total - Common Stocks 9799999. Total - Preferred and Common Stocks							0		0	
9799997. Total - Common Stocks - Part 3 0 XXX 0							XXX		XXX	
							0		0	
9799999. Total - Common Stocks 0 XXX 0 XXX 0 XXX 0 9899999. Total - Preferred and Common Stocks 0 XXX 0 XXX 0 XXX	9799997. Total	- Common Stocks - Part 3					0	XXX	0	XXX
989999. Total - Preferred and Common Stocks 0 XXX 0 XXX	9799998. Total	- Common Stocks - Part 5					XXX	XXX	XXX	XXX
	9799999. Total	- Common Stocks					0	XXX	0	XXX
9999999 - Totals 25,997,654 XXX 20,484 XXX	9899999. Total	- Preferred and Common Stocks					0	XXX	0	XXX
	9999999 - Tota	ıls					25,997,654	XXX	20,484	XXX

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

# **SCHEDULE D - PART 4**

				Show All Lo	ng-Term Bo	onds and Sto	ck Sold, Red	deemed or C	Otherwise D	Disposed (	of During t	he Current	Quarter							
1	2	3 4	5	6	7	8	9	10				Carrying Va		16	17	18	19	20	21	22
						_		_	11	12	13	14	15							
												Total	Total							NAIC
											Current	Change in	Foreign							Desig-
											Year's	Book/	Exchange	Book/				Bond		nation
								Prior Year		Current	Other Than		Change in		Foreign			Interest/	Stated	or
								Book/	Unroplized	Year's						Realized		Stock	Con-	Market
CUSIP				Number of					Unrealized		Temporary		Book	, ,			Total Cain			In-
		Far Diame	aal Nama	Number of	Canaid		Astual	Adjusted	Valuation	(Amor-	Impairmen		/Adjusted	Value at	Gain	Gain	Total Gain	Dividends	tractual	
Ident-	D do-ti	For- Dispo		Shares of	Consid-	D \/-l	Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying			Loss) on	(Loss) on	Received	Maturity	dicator
ification	Description	eign Dat		Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date D	Disposal D	Disposal	Disposal	DuringYear	Date	(a)
040000 714 0	110 TREADURY N. (D	00 (00 (	1922-EHCHMO-Guaranty		100 001	400 000	400 500	400.040		(05)		(05)		400 004				054	10 (01 (0010	
	US TREASURY N/B 1.250% 10/31/19		018 Fund		103,231	103,000	103,599	103,316	0	(85)		(85)		103,231				854	10/31/2019	. I
0599999. 8	Subtotal - Bonds - U.S. Governments				103,231	103,000	103,599	103,316	0	(85)	0	(85)	0	103,231	0	0	0	854	XXX	XXX
71656L-BQ-3	PETROLEOS MEXICANOS SERIES 144A 6.500%	D 04/01/3	018 Tax Free Exchange		1,478,439	1,400,000	1,483,450	1,479,969	0	(1,530)		(1,530)	0	1,478,439	0	0	0	48,028	03/13/2027	2FE
	Subtotal - Bonds - All Other Governme		710 Tax Tiee Exchange		1,478,439	1,400,000	1,483,450	1,479,969	0	(1,530)	0	(1,530)		1,478,439	0	0	0	48,028	XXX	XXX
	Icalifornia St 5.000% 10/01/24		018 Call 100.0000		1,478,439		714,206		0	(1,530)	0	(1,530)	0		0	ŭ	0	17,875		1FE
	CALIFORNIA ST 5.000% 10/01/24		018 Stern Brothers		208, 121	660,000	206,840	663, 136	0	(3, 130)	0	(1,040)		660,000 205,800		0 . 2,321 .	2,321	2,528		
	Subtotal - Bonds - U.S. States, Territor				868.121	835,000	921,046	663, 136	0	(4, 176)	0	(4, 176)	0	865,800	0	2,321	2,321	20,403	XXX	XXX
1133333.3	ADAMS COUNTY OHIO VLY LOCAL S 4.000%	IIUS AIIU FUS	00010110	1	000, 121	830,000	921,046	003, 130	U	(4, 1/6)	'	(4, 1/6)	0	000,000	U	2,321	2,321	20,403		^^^
006112-BZ-8	12/01/20		018 Pershing		258,415	250,000	256,498	252,391	0	(326)	n	(326)	n	252,065	0	6,350	6,350	5,000	12/01/2020	17
900112 02 0	12/01/20		ROBERT W. BAIRD CO.INCO		200,410	200,000	200,400			(020)		(020)						,0,000		
442331-U4-4	HOUSTON TEX SERIES A 5.000% 03/01/28				320,851	275,000	329,269	329,004	0	(2,582)	0	(2,582)	0	326,422	0	(5,571)	(5,571)	7,410	03/01/2028	1FE
			Piper Jaffray & Hopwood		,	,	,	,				, ,		,		,	,	,		
697527-AW-9	PALOMAR HLTH CA SERIES B 5.000% 08/01/29		018 Inc		847,308	735,000	849,535	841,316	0	(5,369)	00	(5,369)	0	835,947	0	11,361	11,361	33,381	_08/01/2029	1FE
	PHILADELPHIA PA SCH DIST SERIES F 5.000%																			
717883-TR-3	09/01/27				1,552,205	1,360,000	1,585,474	1,562,743		( 10 , 185)	0	(10, 185)	0	1,552,558	0	(353)	(353)	56,236	09/01/2027	1FE
825434-5D-1	SHREVEPORT LA 5.000% 08/01/29		018 SUMRIDGE PARTNERS LLC		241, 103	210,000	241,752	241,728	0	(1,394)	00	(1,394)	0	240,334	0	769	769	5,221	08/01/2029	1FE
970013-FQ-6	WILLIAMSON JACKSON ETC CNTYS   5.000%		10 D		184.841	165.000	190.408	188.845	0	(1.140)		(1, 143)	0	187 . 702	0	(2.861)	(2.861)	4.721	12/01/2028	1FF
	Subtotal - Bonds - U.S. Political Subdi		, <b>y</b>		3,404,723	2,995,000	3,452,936	3,416,027	0	(20,999)	0	(20,999)	0	3,395,028	0	9,695	9,695	111,969	XXX	XXX
2499999.	ALEXANDRIA LA UTILITIES REVENU 4.000%	VISIONS OF Sta	les, remiones and Pos	562210112	3,404,723	2,995,000	3,432,930	3,410,027	U	(20,999)	0	(20,999)	U	3,393,028	U	9,090	9,090	111,909	^^_	
015086-MY-4	05/01/24		018 SUMRIDGE PARTNERS LLC		145,461	135,000	142,393	139,884	0	(345)		(345)	0	139,539	0	5,923	5,923	3,570	05/01/2024	1FF
013000 WI 4	CALIFORNIA STATEWIDE CMNTYS SERIES B 1.200%		JIO GOMINIBAL PARTINENO ELO			100,000	142,000			(040)		(043)					, 020		.93/01/2024	
130795-VL-8	08/15/47		018 Wells Fargo		2,100,000	2,100,000	2,100,000	0	0	0	0	0	0	2,100,000	0	0	0	1,246	08/15/2047	1FE
	CLEVELAND CNTY OK EDUCTNL FACS 5.000%				, ,	, , , , , , , , , , , , , , , , , , , ,	, ,							,,				, , , , , ,		
18604T-BD-9	06/01/18		D18 Maturity		1,350,000	1,350,000	1,515,294	1,365,231	0	(15,231)	0	(15,231)	0	1,350,000	0	0	0		06/01/2018	1FE
	DALLAS FORT WORTH TEX INTL ARP SERIES G		National Financial																	
235036-R6-9	5.000% 11/01/18		018 Services		273,056	270,000	310,630	277,042	0	(4, 121)	00	(4, 121)	0	272,921	0	135	135	8,850	11/01/2018	1FE
047000 DD 4	DELTONA FL UTILITY SYS REVENUE 5.000%	00 (05 (	10 0:4:		220 227	205 000	200 201	200 400	0	(0.000)		(0.000)	0	224 500	0	0.000	0.000	10 007	10 /01 /0010	400
247888-BP-4 3128M6-AP-3	10/01/19FHLMC GIANT POOL G04214 5.500% 05/01/38				338,237	325,000	368,261	338 , 198	0	(3,629)		(3,629)	0	334,569 11,397		3,668	3,668	12,007 271	10/01/2019	. IFE
3128M6-LG-1	FHLMC GIANT POOL G04527 5.500% 07/01/38	06/01/2			9,230	9,230	8,992	9,005	0		0	225	0	9,230				213	07/01/2038	1
3128MJ-GA-2	FHLMC GOLD POOL G08192 5.500% 04/01/37				6,836	6,836	6,714	6,721	0	114	0	114	0	6,836	0	0	0	160	04/01/2037	1
3128MJ-JP-6	FHLMC GOLD POOL G08269 5.500% 05/01/38				10,365	10,365	10,224	10,230	0	135	0	135	0	10,365	0	0	0	251	05/01/2038	1
3128MM-D6-7	FHLMC GOLD POOL G18124 6.000% 06/01/21				9,081	9,081	9,081	9,081	0	0	0	0	0	9,081	0	0	0	235	06/01/2021	. 1
	FNMA ACES SERIES 1997-10 CLASS ZA 6.600%	1	[			l					1									
31359N-QC-8	03/18/27			-	11,574	11,574	11,807	11,701	0	(127)	) <del> </del> ō	(127)	0	11,574	ō <b> </b>	ō	ō	315	03/18/2027	- 1
	FNMA POOL 254985 5.000% 11/01/23				11,171	11, 171	10,610	10,826	ō	346	ō	346	ō	11,171	<u>0</u>	0	<u>0</u>	230	11/01/2023	. ] 1
	FNMA POOL 255417 6.000% 09/01/24 FNMA POOL 255466 6.000% 10/01/24				5,078 5,254	5,078 5,254	5,070 5,245	5,065 5,240	0	13	0	13 13	0	5,078 5,254		0		125132	09/01/2024 10/01/2024	1
	FNMA POOL 255466 6.000% 10/01/24FNMA POOL 256247 6.000% 05/01/26			-	5,254	5,954	5,245	5,240	n	19		19	0	5,954	n }	 n		156	10/01/2024 05/01/2026	1
31385X-F9-3	FNMA POOL 250247 0.000% 03/01/26FNMA POOL 555592 5.500% 07/01/33			-	6,208	6,208	6,004	6,026	0	182	0	182	0	6,208	0	n l	 n	141	07/01/2020	1
31402D-C2-4	FNMA POOL 725589 5.000% 07/01/34				35,288	35,288	36,297	36,187	0	(900)	0	(900)	0	35,288	ő	ő	0		07/01/2034	1
31402D-JS-0	FNMA POOL 725773 5.500% 09/01/34				10,977	10,977	10,609	10,641	0	336	0	336	0	10,977	0	0	0	251	09/01/2034	. 1
31402Q-Y3-9	FNMA POOL 735230 5.500% 02/01/35		018 Paydown	.	7,704	7,704	7,444	7,466	0	238	0	238	٥	7 ,704	0	0		177	02/01/2035	. 1
31402R-DG-1	FNMA POOL 735503 6.000% 04/01/35			-	13,244	13,244	13, 143	13, 148	0	96	0	96	٥	13,244	0	0	0		04/01/2035	. 1
	FNMA POOL 745275 5.000% 02/01/36				18,808	18,808	19,441	19,387	0	(579)	ō	(579)		18,808	0 J	0	0	390	02/01/2036	. 1
					5,832	5,832	5,478	5,498	<u>0</u>	335	0	335	0	5,832	}			118	11/01/2035	- [
3140FX-FR-8 31413B-TW-1	FNMA POOL BF0175 2.500% 01/01/57 FNMA POOL 940765 5.500% 06/01/37			-	33,449	33,449	31,997 904	8,548 902	0	1,489 (29)	, <del> </del>	1,489		33,449	h			383	01/01/2057	
31419A-ZK-6	FNMA POOL 940705 5.500% 06/01/37FNMA POOL AE0745 6.000% 03/01/24			-	14, 179	14, 179	15,424	14,973	n	(29)	1	(29)	n	14,179	n	n		353	03/01/203/	1
41315R-GU-2	HARRIS CNTY TX HLTH FAC 0.820% 12/01/41				400,000	400,000	400,000	0	0	(734) 	n	(794)	0	400,000	0	0	0	1,296		1FE
	HARRIS CNTY TX CULTURAL EDU VRDO 0.890%	20, 20, 2				[												,200		
414010-AA-6	09/01/31		018 J P Morgan	.	200,000	200,000	200,000	٥	0	0	0	0	٥	200,000	0	0	0	366	09/01/2031	. 1FE

# **SCHEDULE D - PART 4**

					Show All Lo	ng-Term Bo	onds and Stoo	ck Sold, Red	deemed or C	Otherwise I	Disposed of	of During tl	he Current Quarter							
1	2	3	4	5	6	7	8	9	10	Cł	nange In Bo	ok/Adjusted	Carrying Value	16	17	18	19	20	21	22
										11	12	13	14 15							
													Total Total							NAIC
												Current	Change in Foreign	D1-/				David		Desig-
									Dries Vees		0	Year's	Book/ Exchange		Faraian			Bond	Ctatad	nation
									Prior Year		Current	Other Than	, ,		Foreign	Realized		Interest/ Stock	Stated Con-	or Market
CUSIP					Number of				Book/ Adjusted	Unrealized		Temporary	Carrying Book	Carrying  Value at	Exchange Gain	Gain	Total Gain	Dividends	tractual	In-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Valuation Increase/	(Amor- tization)/	Impairment Recog-	t Value /Adjusted (11 + 12 - Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	dicator
ification	Description	eian	Disposar	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13) Value	Date	Disposal	Disposal	Disposal	DuringYear	Date	(a)
modilon	ILLINOIS ST FIN AUTH REVENUE 5.000%	Cigii	Date	Of Full distribution	Otock	Ciation	i ai vaiuc	0031	Value	(Decrease)	Accretion	mzea	10) Value	Date	Бізрозаі	Бізрозаі	Бізрозаі	During rear	Date	(α)
45204E-BT-4	12/01/33		06/26/2018	Citigroup		1,312,749	1,190,000	1,406,235	1,375,407	0	(9,639)	0	(9,639)	1,365,768	0	(53,020)	(53,020)	34,213	12/01/2033 .	. 1FE
450045 181 4	ILLINOIS ST FIN AUTH REVENUE SERIES A		00 (00 (00 40			000 005	550.000	000 440	075 000		(0.404)		(0.404)			(00.470)	(00.470)	20.040	10 (04 (0000	455
45204E-HN-1	5.000% 10/01/28		06/22/2018 _	Stifel Nicolaus & Co		632,995	550,000	693,110	675,869	0	(6,401)	0	(6,401)	669,468	0	(36,473)	(36,473)	20,243	10/01/2028 .	
462590-JE-1	12/01/20		06/01/2018	Call 100.0000		160,000	160,000	160,000	160,000	0	0	0	0	160,000	0	0	0	3,900	12/01/2020 .	1FE
	JEA FL ELEC SYS REVENUE SERIES B 4.000%					,		•										•		
46613S-FY-1	10/01/35		06/25/2018	SUMRIDGE PARTNERS LLC		120,811	115,000	122,567	122,548	0	(330)	0	(330)	122,218	0	(1,407)	(1,407)	2,377	10/01/2035 .	1FE
542424-UT-1	LONG BEACH CALIF HBR REV SERIES A 5.000% 05/15/29		06/25/2018	ROBERT W. BAIRD CO.INCO		410,477	350,000	424,809	421,385	0	(3,321)	١ ،	(3,321)	418,064	0	(7,587)	(7,587)	10,792	05/15/2029 .	1FF
	LOUISIANA PUB FACS AUTH REV 5.625% 05/01/21										(0,021)		(U, UL 1)	710,004		(1,501)	(1,501)			
546398-L9-7			05/01/2018	Call 100.0000	-	35,000	35,000	34,801	34,919	0	7	0	7	34,927	0	74	74	984	05/01/2021 .	2FE
540450 OV 0	LOUISIANA ST CITIZENS PPTY 6.125% 06/01/25		00/04/0040	0.11 400.0000		4 000 000	4 000 000	4 440 040	4 000 474	0	(0.474)		(0.474)	4 000 000			0	00.005	00 /04 /0005	455
546456-CY-8	MASSACHUSETTS ST HEALTH & ED SERIES R		06/01/2018	Call 100.0000		1,000,000	1,000,000	1,119,840	1,008,474		(8,474)		(8,474)	1,000,000	0	0	0	30,625	06/01/2025 .	IFE
57585K-GP-7	2.940% 11/01/49		06/25/2018	J P Morgan		1,300,000	1,300,000	1,300,000	0	0	0	0	0	1,300,000	0	0	0	3,664	11/01/2049 .	1FE
	MASSACHUSETTS ST WTR RES AUTH SERIES C																			
576049-YH-7	1.420% 08/01/20 NEW YORK ST URBAN DEV CORP REV 5.000%		06/25/2018	Barclays		800,000	800,000	800,000	0	0	0	٥	0	800,000	0	0	0	1,389	08/01/2020 .	1FE
650035-TQ-1	01/01/21		06/27/2018	Paine Webber		1,207,650	1,150,000	1,225,176	1,169,679	0	(4,718)	0	(4,718)	1,164,961	0	42,689	42,689	57, 181	01/01/2021 _	1FE
	PELL CITY AL SPL CARE FACS FIN SERIES A			Raymond James &		,201,000		,220, 0												
705888-BR-5	5.000% 12/01/31		06/26/2018	Associates		729,898	680,000	715,380	708,677	0	(3,371)	0	(3,371)	705,306	0	24,592	24,592	19,550	12/01/2031 .	1FE
744434-EF-4	PUBLIC PWR GENERATION AGY NE R 5.000% 01/01/34		06/25/2018	SUMRIDGE PARTNERS LLC		118,897	105,000	122,319	0	0	(845)		(845)	121,473	0	(2,577)	(2,577)	2,567	01/01/2034 .	100
/ 44434-EF-4	RENSSELAER CITY NY SCH DIST CO 5.000%		00/23/2010	. SUMINIDUE PANTINENS LLC		110,09/	105,000	122,319			(043)		(040)	121,473	0	(2,377)	(2,3/1)	2,307		
760088-BC-7	06/01/28		06/26/2018	SUMRIDGE PARTNERS LLC		1,010,786	880,000	987,615	977,504	0	(4,952)	0	(4,952)	972,552	0	38,234	38,234	25,300	06/01/2028 .	1FE
007400 1/0 0	SOUTH CAROLINA ST PORTS AUTH 5.000%		00 (05 (00 10			444.050	400.000	440.040			(04)		(04)			(4.005)	(4.005)		07/04/0000	455
837123-HD-3	07/01/32STATE PUBLIC SCH BLDG AUTH 5.000% 04/01/25		06/25/2018	. Wells Fargo BNY Capital Markets Inc.		114,956	100,000	116,042	0	0	(81)	0	(81)	115,961	0	(1,005)	(1,005)	292	07/01/2032 .	1FE
85732G-PH-7	3.000% 04/01/23		06/22/2018	Rose	'	431,508	400.000	457,724	428,426	0	(3,061)	0	(3,061)	425,365	0	6, 143	6, 143	14,722	04/01/2025 .	1FE
	STATE PUBLIC SCHOOL BUILDING A 1.915%						,				,		,			,	, .	•		
85732P-CS-7	09/01/24		04/12/2018	. Call 100.0000		635,000	635,000	635,000	635,000	0	0	0	0	635,000	0	0	0	6,921	09/01/2024 .	
934864-AL-3	WARREN CNTY KY HOSP 5.000% 04/01/18 WILLISTON ND SALES TAX REVENUE SERIES A		04/01/2018	Maturity		440,000	440,000	505,032	443,036		(3,036)	<sup>0</sup>	(3,036)	440,000	0	0		11,000	04/01/2018 .	1FE
97072N-BP-2	4.000% 05/01/18		05/01/2018	Maturity		575,000	575,000	613,065	575,000	0	0		0	575,000	0	0	0	11,500	05/01/2018 .	1FE
3199999.	Subtotal - Bonds - U.S. Special Reven	iues				16,074,983	15,477,502	16,707,222	11,064,358	0	(70,537)	0	(70,537)	16,055,594	0	19,389	19,389	323,287	XXX	XXX
	AEP TRANSMISSION CO LLC SERIES WI 3.100%															,	,			
00115A-AE-9	12/01/26		06/26/2018	J P Morgan		779,409	815,000 1,450,000	821,553	821,386 1,453,220	0	(319)	0	(319)	821,067	0	(41,658)	(41,658)	14,527	12/01/2026 _	1FE
00206R-EN-8	AT&T INC 4.900% 08/14/37		04/05/2018	Tax Free Exchange CREDIT SUISSE FIRST		1,456,824	1,450,000	1,453,252	1,453,220	l	(21)	0	(21)	1,453,199	0	3,625	3,625	47 , 959	08/14/2037 .	2FE
00206R-FV-9	AT&T INC 4.900% 08/14/37		05/18/2018	BOSTON		1,396,887	1,450,000	1, 453, 199	0	0	0	0		1,453,199	0	(56,313)	(56,313)	19,341	08/14/2037 .	2FE
				ROBERT W. BAIRD CO.INCO																
02153L-AA-2	ALTERRA FINANCE LLC 6.250% 09/30/20 AMERN AIRLINE 16-2 A PTT SERIES A 3.650%		06/26/2018	Redemption 100.0000		687,518	650,000	649,994	650,000	J0	0	0	ļ	650,000	0	37,518	37,518	30,243	09/30/2020 .	2FE
023764-AA-1	12/15/29		06/15/2018	Redemption 100.0000	,	26,000	26,000	26,000	26,000	0	0	0	0	26.000	0	0	0	475	06/15/2028 .	1FE
-	AMERICAN INTERNATIONAL GROUP 3.900%			CREDIT SUISSE FIRST										,						
026874-DH-7	04/01/26		05/29/2018	BOSTON	-	1,959,560	2,000,000	1,975,027	0	0	467	0	467	1,975,494	0	(15,934)	(15,934)	52,000	04/01/2026 .	
03523T-BH-0	ANHEUSER-BUSCH 6.875% 11/15/19 BANC OF AMERICA ALT LN TR SERIES 2006-5 CLASS		06/26/2018	Deutsche Bank		3,655,075	3,475,000	4,266,359	3,730,634	0	(65,864)	0	(65,864)	3,664,770	0	(9,696)	(9,696)	147,989	11/15/2019 .	2FE
05950B-AG-9	CB7 6.000% 06/25/46		06/01/2018 _	Paydown		40,005	46,510	28,651	41,687	0	(1,682)	0	(1,682)	40,005	0	0	0	1,087	06/25/2046 _	4FM
09062X-AF-0	BIOGEN IDEC INC 4.050% 09/15/25		06/26/2018	Goldman Sachs & Co		1,402,520	1,400,000	1,396,696	1,397,341	0	146	0	146	1,397,487	0	5,033	5,033	44,573	09/15/2025	2FE
100050 05 1	010 (01DENAR)( 00DD		00 (40 (0040	Redemption 100.0000	)	7 400	7 400	7.040	7.040	_	(01)	_	(04)	7	_	(7.17)	(7.7	470	40 (40 (0000	orr
126650-BP-4 151020-AS-3	CVS/CAREMARK CORP 6.036% 12/10/28 CELGENE CORP 3.875% 08/15/25		06/10/2018	Morgan Stanley		7, 106 873.567	7,106 7,106	7,946 891.306	7,843	0	(21)	0 n	(21)	7,822	0	(717)	(717)(717)	179 30,322	12/10/2028 . 08/15/2025 .	2FE
101020-A0-0	CHASE MORTGAGE FINANCE CORP SERIES 2006-A1		00/20/2010	morgan orantey		ان کی او ۔۔۔۔۔۔			050,001	l	000							, 00 , 022		. 4
16163C-AH-5	CLASS 2A3 3.779% 09/25/36		06/01/2018		ļ	101,639	38,473	18,636	23,800	0	77,839	0	77,839	101,639	0	0	0	2,262	09/25/2036 .	. 1FM
22822V-AB-7	CROWN CASTLE INTL CORP 4.450% 02/15/26	1	05/24/2018	Goldman Sachs & Co		1.996.140	2.000.000	1.993.420	1.994.469	0	235	1 0	235	1.994.704	0	1.436	1.436	70 211	02/15/2026 _	2FE

# **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold. Redeemed or Otherwise Disposed of During the Current Quarter

					SHOW All LO	ng-renn bu	mus and Stoc	ik Sola, nea	leemed or C	Jinerwise	Disposed (	וו Duning נו	he Current Qua	ırter							
1	2	3	4	5	6	7	8	9	10	Cl	nange In Boo	ok/Adjusted	Carrying Value	1	6 1	7	18	19	20	21	22
										11	12	13	14	15							
													Total T	otal							NAIC
												Current		reign							Desig-
												Year's			ok/				Bond		nation
									Prior Year		Current	Other Than				oian			Interest/	Stated	or
											Current					eign	Daalizad				
OLIOID									Book/	Unrealized		Temporary			, ,	· ·	Realized	T	Stock	Con-	Market
CUSIP		_	D		Number of				Adjusted	Valuation	(Amor-	Impairment					Gain	Total Gain	Dividends	tractual	In-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-					Loss) on	(Loss) on	Received	Maturity	dicator
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)		nized				osal D	Disposal	Disposal	DuringYear	Date	(a)
256677-AD-7	DOLLAR GENERAL CORP 4.150% 11/01/25		06/26/2018 .	. SUMRIDGE PARTNERS LLC		1,477,242	1,475,000	1,478,668	1,477,983	0	(167)	0	(167)		477,816	0	(574)	(574)	40,298	11/01/2025	
29336U-AB-3	ENLINK MIDSTREAM PARTNER 4.400% 04/01/24		06/26/2018 .	. Mitsubishi Securities		2,305,800	2,400,000	2,464,440	2,442,787	0	(3, 122)	0	(3, 122)	2	439,665	0	(133,865)	(133,865)	78,320	04/01/2024	. 2FE
050040 411 5	FOUR TIMES SQUARE TRUST SERIES 2006-4TS CLASS		00 /44 /0040	D 4		4 500	4 500	5.074	4 705		(400)		(400)	0	4 500		0		400	40 (40 (0000	4511
350910-AN-5	A 5.401% 12/13/28		06/11/2018 .	Paydown		4,566	4,566 2,775,000	5,274	4,735		(168)		(168)		4,566	0	(144 104)	(144, 104)	103	12/13/2028	
38141G-WL-4	GOLDMAN SACHS GROUP INC 3.691% 06/05/28		06/26/2018 .	. Various		2,630,896	2,775,000	2,775,000	2,775,000		0		U	2	775,000		( 144, 104)	(144, 104)	52,589	06/05/2028	. 1FE
38148Y-AA-6	GOLDMAN SACHS GROUP INC 4.017% 10/31/38		05/14/2018 .	BOSTON		162,698	175,000	174,641	174,643	0	4	0	4	0	174.647	0	(11,950)	(11,950)	3,827	10/31/2038	1FE
391164-AE-0	GREAT PLAINS ENERGY INC 4.850% 06/01/21		06/26/2018 .	US Bancorp		2,361,111	2.300.000	2,344,114	2,317,480	0	(2.351)	0	(2,351)	0 2	315,129	0	45.982	45,982	64.141	06/01/2021	
	KINDER MORGAN ENERGY PARTNERS 3.450%					/- /			/							[	,				
494550-BM-7	02/15/23		06/26/2018 .	. Millinium Advisors		778,048		768 , 152	780,242	0	1,728	0	1,728	0		0	(3,922)	(3,922)	23,997	02/15/2023	. 2FE
	LIBERTY MUTUAL SERIES 144A 4.250% 06/15/23			MarketAxess Corporation								1		1			1				
53079E-BE-3			06/26/2018 _	-		1,364,378	1,350,000	1,312,605	1,326,475	0	1,888	0	1,888	1	328,363	0	36,014	36,014	30 , 759	06/15/2023	_ 2FE
50445			00 (00 :== ::	RBC DOMINION SECURITIES		a							,			_ [	,			40 (00 :	055
534187-AW-9	LINCOLN NATIONAL CORP 6.300% 10/09/37		06/26/2018 .	-		235,678	200,000	239,084	234,442	}0	(516)	0	(516)	0 }	.233,926	0	1,752	1,752	9,065	10/09/2037	. 2FE
576434-NU-4	MASTER ALTERNATIVE LOANS TRUST SERIES 2004-3 CLASS 1A1 5.000% 03/25/19		_06/01/2018 _	Poudown		8,423	8,423	8,048	8,336		87		87	0	8,423	0	0	0	173	03/25/2019	1CV
	METLIFE 4.750% 02/08/21		05/29/2018 .	Paydown		546.050	519.000	604.593	553.090		(4.398)		(4.398)		.548 .692	0	(2.642)	(2.642)	19.996	02/08/2021	1FE
79 120U-WV-0	MORGAN STANLEY CAPITAL I SERIES 2005-1Q9			. Corporate Action							(4,000)		(4,000)		.540,052		(2,042)	(2,042)			
61745M-2H-5	CLASS AJ 4.770% 07/15/56		.06/01/2018	Paydown		62.938	62,938	67, 171	63,217	0	(279)	0	(279)	0	62.938	0	0	0	2.034	07/15/2056	1FM
651229-AV-8	NEWELL BRANDS INC 3.850% 04/01/23		_06/26/2018 _	Deutsche Bank		1,479,090	1,500,000	1,556,415	1,549,219	0	(4,422)	0	(4,422)	01	544,796	0	(65,706)	(65,706)	42,831	_04/01/2023 _	2FE
74340X-BE-0	PROLOGIS LP 3.750% 11/01/25		06/26/2018 .	. Wells Fargo			835,000	830,091	831,005	0	217	0	217	0	.831,222	0	1,573	1,573	20,614	11/01/2025	. 1FE
	SPRINT SPECTRUM SPEC I SERIES A-1 3.360%			Redemption 100.0000																	
85208N-AA-8	09/20/21		06/20/2018 .			51,250	51,250	51,601	51,483	0	(40)	0	(40)	0	51,442	0	(192)	(192)	861		
902494-BC-6	TYSON FOODS INC 3.550% 06/02/27US AIRWAYS SER 2013-1 CLASS A PTT EETC		06/26/2018 .	Morgan Stanley Redemotion 100.0000		942,940	1,000,000	966,830	0	0	911	0	911	0	.967,741	0	(24,801)	(24,801)	20,314	06/02/2027	_ 2FE
90346W-AA-1	3.950% 11/15/25		05/15/2018 .	Redemption 100.0000		64.842	64.842	65,277	65.139	0	(12)	0	(12)	0		0	(285)	(285)	1.281	11/15/2025	1FE
300+011 AA 1	0.330% 11/10/20			Redemption 100.0000							(12)		(12)				(203)	(203)		17 13/2023	
90932L-AA-5	UNITED AIR 2015-1 A PTT 3.450% 06/01/29		06/01/2018 .	The desire the second		60,441	60,441	60,593	60,583	0	(6)	0	(6)	0	.60,577	0	(136)	(136)	1,043	12/01/2027	. 1FE
91913Y-AU-4	VALERO ENERGY CORP 3.400% 09/15/26		05/29/2018 _	Wells Fargo		2,020,956	2,100,000	2,028,167	2,035,189	0	2,636	0	2,636	02	037,825	0	(16,869)	(16,869)	50,773	09/15/2026	2FE
92343V-CC-6	VERIZON COMMUNICATIONS 3.450% 03/15/21		06/12/2018 .	Morgan Stanley		1,563,702	1,550,000	1,549,721	1,549,863	0	19	0	19	1	549,881	0	13,821	13,821	39,958	03/15/2021	. 2FE
				SG Americas Securities																	
92343V-CN-2	VERIZON COMMUNICATIONS 3.000% 11/01/21		06/12/2018 .	LLC		1,488,345	1,500,000	1,495,485	1,497,413	0	290	0	290		497,703	0	(9,358)	(9,358)	27,875		
929089-AB-6	VOYA FINANCIAL INC 3.650% 06/15/26 WF-RBS COMMERCIAL MTG TRUST SERIES 2011- C2		06/26/2018 _	. US Bancorp		1,271,295	1,350,000	1,343,723	1,344,550	} <sup>0</sup>	273	l	273	اال	344,823	0	(73,528)	(73,528)	26,417	06/15/2026	. 4FC
92935J-BC-8	CLASS A4 4.869% 02/15/44		06/01/2018	Pavdown		7.578	7 ,578	8,904	7,894	n	(315)	n	(315)	<sub>0</sub> [	7 . 578	ا ٥	n	n	154	02/15/2044	1FM
020000 00-0	WF-RBS COMMERCIAL MTG TRUST SERIES 2011-C3						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(013)		(010)		, ,0,0						
92935V-AE-8	CLASS A3 3.998% 03/15/44		06/01/2018 .	Paydown		266,547	266,547	269,212	266,744	0	(197)	0	(197)	0	.266 , 547	0	0		5,243	03/15/2044	_ 1FM
	ALIMENTATION COUCHE-TARD INC SERIES 144A																				
01626P-AH-9	3.550% 07/26/27	A	06/26/2018 .	. Various		2,592,860	2,750,000	2,630,348	0	0	2,209	0	2,209	2	632,557	0	(39,697)	(39,697)	32,936	07/26/2027	. 2FE
050501 111 1	AUST & NZ BANKING GROUP SERIES 144A 5.100%		00 (00 (00 15	v :		051 11:	005 000	000 505	201.07	_		_	20		004 700	۱ ,	00 740	00 740	15 055	04 (40 (0000	455
05252A-AN-1	01/13/20	υ	06/26/2018 .	Various		951,441	925,000	923,566	924,647	}0	82	}0	82		.924,729	0	26,712	26,712	45,209	01/13/2020	. 1FE
05565Q-CP-1	BP CAPITAL MARKETS PLC 3.814% 02/10/24 BRITISH SKY BROADCASTING SERIES 144A 3.750%	D	06/26/2018 .	Morgan Stanley		1,513,485	1,500,000	1,511,385	1,507,481	} <sup>0</sup>	(542)	l	(542)	1	506,939	U	6,546	6,546	50 , 536	02/10/2024	. 1FE
111013-AL-2	09/16/24	n	.06/26/2018	Goldman Sachs & Co		741,240	750,000	743,355	744.638	n	348	n	348	0	744.986	0	(3,746)	(3,746)	22,031	09/16/2024	2FF
	GAZPROM OAO VIA GAZ CAPITAL SA SERIES 144A	J				71,270						Ī		·····	,		(0,770)	(0,740)	,001		
368266-AA-0	8.625% 04/28/34	D	04/10/2018 .	Chase		583,200	480,000	650,400	0	0	(1,064)	0	(1,064)	0	.649,336	0	(66, 136)	(66, 136)	18,860	04/28/2034	2FE
87938W-AR-4	TELEFONICA EMISIONES 4.570% 04/27/23	D	06/26/2018 .	Pierpont Securities		1,239,672	1,200,000	1,128,917	1 , 156 , 485	0	3,526	0	3,526	1	160,011	0	79,661	79,661	36,712	04/27/2023	
	TENCENT HOLDINGS LTD SERIES 144A 3.595%			CREDIT SUISSE FIRST								1		. [	[						
88032W-AG-1	01/19/28	D	06/26/2018 .	BOSTON		947,000	1,000,000	992,210	0	0	278	0	278	0	.992,488	0	(45,488)	(45,488)	15,878	01/19/2028	. 1FE
	VALE OVERSEAS LIMITED 6.875% 11/21/36	D	05/24/2018 _			1,021,494	900,000	996,750	995,836	0	(1, 153)	0	(1, 153)	0	.994,683	0	26,818	26,818	32,313	11/21/2036	_ 2FE
	Subtotal - Bonds - Industrial and Misce	ellanec	ous (Unaffil	iated)		45,960,252	46,118,674	47,026,779	37,786,060	0		0	-,		460,979	0	(500,726)	(500,726)	1,278,309	XXX	XXX
	Гotal - Bonds - Part 4					67,889,749	66,929,176	69,695,032	54,512,866	0	(90,417)	0	(90,417)		359,071	0	(469, 321)	(469, 321)	1,782,850	XXX	XXX
8399998.	Total - Bonds - Part 5			<u> </u>		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX X	XX X	XX XX	XX	XXX	XXX	XXX	XXX	XXX
8399999.	Fotal - Bonds					67,889,749	66,929,176	69,695,032	54,512,866	0	(90,417)	0	(90,417)	0 68	359,071	0	(469, 321)	(469, 321)	1,782,850	XXX	XXX
	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX X	XX X	(X X	X X	XXX	XXX	XXX	XXX	XXX
5000000.	. Stat Stort od Otoono i alt o					////	////	////	////	,,,,,	////	,,,,,			///	~ `	, , , , , ,	/ V V V	////	////	////

# **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

	1 -		T .	_	_	J _															
1	2	3	4	5	6	7	8	9	10	Cr	iange In Bo	ok/Adjusted	Carrying Val	ue	16	17	18	19	20	21	22
										11	12	13	14	15							
													Total	Total							NAIC
												Current	Change in	Foreign							Desig-
												Year's	Book/	Exchange	Book/				Bond		nation
									Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Interest/	Stated	or
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Stock	Con-	Market
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Dividends	tractual	In-
ldent-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	dicator
ification	Description	eign	Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	DuringYear	Date	(a)
8999999. 7	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. 7	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. 7	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. 7	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. 7	Total - Preferred and Common Stocks	3				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 -	Totals		•			67,889,749	XXX	69,695,032	54,512,866	0	(90,417)	0	(90,417)	0	68,359,071	0	(469, 321)	(469, 321)	1,782,850	XXX	XXX

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

# Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE** 

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE** 

# SCHEDULE DL - PART 1 SECURITIES LENDING COLLATERAL ASSETS Reinvested Collateral Assets Owned Current Statement Date

1	2	3	4	5	6	7
OLIOID.			NAIC		D 1/4 !! / 1	
CUSIP	December 2	0.4.	Designation/	F-1-1/-1	Book/Adjusted	Maria de Barra
Identification	Description	Code	Market Indicator	Fair Value	Carrying Value	Maturity Date
	- U.S. Government Bonds			0	0	XXX
	- All Other Government Bonds			0	0	XXX
	- U.S. States, Territories and Possessions Bonds			0	0	XXX
	- U.S. Political Subdivisions Bonds			0	0	XXX
	- U.S. Special Revenues Bonds			0	0	XXX
	BANK OF NOVA SCOTIA HOUSTON		1	95,397	95,264	03/20/2019
	COMMONIEALTH BANK AUS, NEW YORK		ļ	53,340	53,348	04/23/2019
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligation	alions		148,737	148,612	XXX
	- Industrial and Miscellaneous (Unaffiliated) Bonds			148,737	148,612	XXX
	- Hybrid Securities			0	0	XXX
	- Parent, Subsidiaries and Affiliates Bonds			0	0	XXX
	otal - SVO Identified Funds			0	0	XXX
	- Issuer Obligations			148,737	148,612	XXX
	- Residential Mortgage-Backed Securities			0	0	XXX
	- Commercial Mortgage-Backed Securities			0	0	XXX
	- Other Loan-Backed and Structured Securities			0	0	XXX
	- SVO Identified Funds			0	0	XXX
6699999. Total	Bonds			148,737	148,612	XXX
7099999. Total	- Preferred Stocks			0	0	XXX
7599999. Total	- Common Stocks			0	0	XXX
	- Preferred and Common Stocks			0	0	XXX
000000-00-0	ML PIERCE FENNER & SMITH INC			381,056		09/20/2018
	CIC LONDON			85,475	85,023	10/25/2018
000000-00-0	UNITED OVERSEAS BANK LTD, NY			38,106	38, 106	09/17/2018
	AUSTRALIA NEW ZEALAND SINGAPORE				76,211 381,056	07/25/2018
	SHINKIN CENTRAL BANK			76,211		07/30/2018
	BANK OF CHINA, HONG KONG BRANCH			38,058		07/23/2018
06742T-GD-2	BARCLAYS NEW YORK			114,351	114,317	08/01/2018
	CIBC NY			61,001	60,969	09/17/2018
	CANADIAN IMPERIAL BK OF COMM CP			91,494 114,361	91,453 114.317	09/17/2018 10/01/2018
	RABOBANK NEW YORK			60,992		04/05/2019
	CREDIT SUISSE NY			95,264		09/07/2018
23328A-A7-9	DZ BANK AG NEW YORK			76,212		07/03/2018
	ING (US) Funding LLC			76,233		02/08/2019
55379W-DA-1	MUFG Bank Ltd, New York Branch			152,478	152,422	10/29/2018
	MIZUHO BANK LIMITED NEW YORK			118, 192 114, 369	118, 127 114, 317	10/11/2018
	NATIXIS NY			38,108	38, 106	03/05/2019
	NORDEA BK AB NY			76,251		04/05/2019
	NORINCHUKIN BANK LONDON			91,431	91,453	09/04/2018
	ROYAL BANK OF CANADA			76,246		09/17/2018
	ROYAL BANK OF CANADA NY				76,211 37,485	09/17/2018
	SOCIETE GENERALE NEW YORK					10/02/2018
	STANDARD CHARTERED NY					08/22/2018
86564F-AN-3	SUMITOMO MITSUI TRUST BANK LTD,NY			114,329	114,317	10/11/2018
	SUMITOMO MITSUI TRUST BANK LTD, NY			76,210		10/15/2018
	SVENSKA HANDELSBANK NY			106,753 76,307	106,696	09/28/2018
86958J-QM-4 89233H-JJ-4	SVENSKA NY TOYOTA MOTOR CREDIT CORP			37,912		01/03/2019 09/18/2018
	UNION BANK OF SWITZERLAND CP			114, 295	114.317	02/01/2019
9612C4-YT-2	WESTPAC BKG CORP			38,106		05/24/2019
8999999. Total	- Short-Term Invested Assets (Schedule DA type)			3,263,468	3,261,891	XXX
	NATIXIS FINANCIAL PRODUCTS LLC			49,537	49,537	07/02/2018
	CITIGROUP GLOBAL MARKETS LTD			76,211		07/02/2018
	SANTANDER UK PLC LDN			65,656	65,656	07/02/2018
000000-00-0 000000-00-0	CITIGROUP GLOBAL MARKETS INC			283, 125 38, 106	283, 125 38, 106	07/02/2018 07/02/2018
	SVENSKA NY			30, 484	30,484	07/02/2018
	ML PIERCE FENNER & SMITH INC			19,059	19,059	07/02/2018
000000-00-0	NORDEA BK AB NY			76,211		
	DEUTSCHE BANK AG, LONDON BRANCH			201, 198	201, 198	07/02/2018
	PERSHING LLC			91,453	91,453	07/02/2018
	China construction bank corp ny	l	ļ	152,420	152,427	09/17/2018
	- Cash Equivalents (Schedule E Part 2 type)			1,083,460	1,083,467	XXX
9999999 - Total				4,495,665	4,493,970	XXX
General Interrog				4 404 000		
<ol> <li>Total ac</li> </ol>	ctivity for the year Fair Value \$4,425,498 Book	/Adjuste	d Carrying Value \$	4,434,828		

0011011	ai intorrogatorioo.			
1.	Total activity for the year	Fair Value \$4,425,498	Book/Adjusted Carrying Value \$	4,434,828
2.	Average balance for the year	Fair Value \$5,294,298	Book/Adjusted Carrying Value \$	5, 292, 382
_	<b>5</b>			

# **SCHEDULE DL - PART 2** SECURITIES LENDING COLLATERAL ASSETS Reinvested Collateral Assets Owned Current Statement Date collateral assets included on Schedules A. B. BA. D. DB and F. and not reported in aggregate on

(Securities rending collateral assets included on Schedules A, B, BA, D, DB and E and not reported in aggregate on Line 10 of the Assets page)							
1	2	3	4	5	6	7	
			NAIC		1		
CUSIP			Designation/		Book/Adjusted		
Identification	Description	Code	Market Indicator	Fair Value	Book/Adjusted Carrying Value	Maturity Date	
	'				, ,		
			<b>\</b>				
		<b></b>	<b></b>				
		<b>1</b>					
		<i></i>	<u>\</u>		<b> </b>		
		<i>.</i>				· · · · · · · · · · · · · · · · · · ·	
9999999 - Tota	ls					XXX	

Genera	l In	ter	roga	at	orie	es:

Total activity for the year
 Average balance for the year

Fair Value \$	Book/Adjusted Carrying Value \$	
Fair Value \$	Book/Adjusted Carrying Value \$	

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

4	2		End Depository		Daal, Da	C C	-l- Marath	_
1	2	3	4	5	Book Balance at End of Each Month			9
			A	A	During Current Quarter 6 7 8		4	
			Amount of Interest Received	Amount of Interest Accrued	ь	/	8	
		D-46		at Current				
Danasitani	0-4-	Rate of		Statement Date	E1	0	T0.1 - 1 NA 10	*
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	- "
101 S. Tryon Street, 19th								
Floor, Charlotte, NC 28255								
Bank of America		0.000	0	0	(78,572)	204,819	927,974	XXX
4 New York Plaza, 13th								
JP Morgan Chase Floor, New York, NY 10004		0.000	0	0	3,055,609	1, 156, 243	1, 163, 723	XXX
0199998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See								
instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	2,977,037	1,361,062	2,091,697	XXX
0299998. Deposits in depositories that do not								
exceed the allowable limit in any one depository (See	xxx							
instructions) - Suspended Depositories		XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	2,977,037	1,361,062	2,091,697	XXX
0499999. Cash in Company's Office		XXX	XXX	XXX				XXX
		<u> </u>						
								*
		<b></b>						
0599999. Total - Cash	XXX	XXX	0	0	2,977,037	1,361,062	2,091,697	XXX

8899999 - Total Cash Equivalents

STATEMENT AS OF JUNE 30, 2018 OF THE Empire HealthChoice HMO, Inc.

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter								
1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
COSIF	Description	Code	Date Acquired	nate of interest	Maturity Date	Carrying value	Due and Accided	During real
		<b>1</b>						
		I						
		1						